Church, Cynthia S.

From: EDD Master Account [edd@dialog.com]
Sent: Thursday, March 15, 2001 3:20 PM
Subject: P327: PR 5/3,AB/ALL ADDR ACCSC

Record - 1

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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09405675 Genuine Article#: 401AY Number of References: 22
Title: Antenatal glucocorticoid treatment does not reduce chronic lung disease among surviving preterm infants (ABSTRACT AVAILABLE)
Author(s): Van Marter LJ (REPRINT) ; Allred DN; Leviton A; Pagano M; Parad R; Moore M
Corporate Author(s): Neonatol Comm Dev Epidemiol
Corporate Source: Childrens Hosp,Hunnewell 438,300 Longwood Ave/Boston//MA/02115 (REPRINT); Childrens Hosp,Boston//MA/02115; Harvard Univ,Sch Med,Boston//MA/; Columbia Univ,New York//NY/; St Peters Med Ctr,New Brunswick//NJ/; Univ Med & Dent New Jersey,Robert Wood Johnson Med Sch,New Brunswick//NJ/; Rainbow Babies & Childrens Hosp,New York//NY/; St Lukes Roosevelt Med Ctr,New York//NY/; Brigham & Womens Hosp,Boston//MA/02115; Harvard Univ,Sch Publ Hlth,Boston//MA/02115
Journal: JOURNAL OF PEDIATRICS, 2001, V138, N2 (FEB), P198-204
ISSN: 0022-3476 Publication date: 20010200
Publisher: MOSBY, INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318 USA
Language: English Document Type: ARTICLE
Abstract: Background: Antenatal glucocorticoid treatment (AGT) is associated with a number of postnatal benefits to the preterm infant, including reduced risk of respiratory distress syndrome, patent ductus arteriosus, intraventricular hemorrhage, and necrotizing enterocolitis.

Objective: To evaluate the hypothesis that maternal AGT not only reduces the risk of surfactant deficiency but also reduces the occurrence of chronic lung disease (CLD) among surviving preterm infants.

Study design: Case-referent study of 1454 very low birth weight infants born between January 1991 and December 1993 at 4 university medical centers.

Results: Rates of AGT varied among the 4 centers (11%-69%), as did rates of CLD (4%-21%), defined as a requirement for supplemental oxygen at 36 weeks' postmenstrual age. CLD rates at each center, however, did not vary with the rate of AGT exposure. In multivariate logistic regression analyses, AGT did not contribute significantly to CLD risk.

Conclusion: AGT may play a less prominent role in modifying CLD risk than other factors such as biologic immaturity, infection, or neonatal intensive care unit practices, such as mechanical ventilation, continuous positive airway pressure, and surfactant replacement therapy.

Record - 2

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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PM3001180740

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

09253720 Genuine Article#: 384YQ Number of References: 38
Title: Reduced visual resolution acuity and cerebral white matter damage in very-low birthweight infants (ABSTRACT AVAILABLE)
Author(s): SanGiovanni JP (REPRINT) ; Allred EN; Mayer DL; Stewart JE; Herrera MG; Leviton A
Corporate Source: NEI,Div Epidemiol & Clin Res, NIH,Bldg 131,31 Ctr Dr,MSC 2510/Bethesda//MD/20892 (REPRINT); NEI,Div Epidemiol & Clin Res, NIH,Bethesda//MD/20892; Childrens Hosp,Dept Neurol, Neuroepidemiol Unit,Boston//MA/02115; Childrens Hosp,Dept Ophthalmol,Boston//MA/02115; Beth Israel Deaconess Med Ctr,Dept Neonatol,Boston//MA/02215; Harvard Univ,Sch Publ Hlth, Dept Nutr,Boston//MA/02115
Journal: DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, 2000, V42, N12 (DEC) , P809-815
ISSN: 0012-1622 Publication date: 20001200
Publisher: CAMBRIDGE UNIV PRESS, 40 WEST 20TH STREET, NEW YORK, NY 10011-4211 USA
Language: English Document Type: ARTICLE
Abstract: Neonatal cerebral white matter echolucencies predict visual resolution acuity deficits in very-low-birthweight (VLBW) infants. We examined maternal sociodemographic, lifestyle, intrapartum, infant birth/perinatal, and ocular motor/refractive characteristics to determine whether they accounted for this association in infants who were tested once between postnatal age 25 and 56 weeks (corrected for gestational age at birth). Granial ultrasound scans were read by consensus to identify echolucency in a population of VLBW infants with no known ocular abnormalities. Visual resolution acuity was measured with the Acuity card Procedure (ACP) in 14 infants with echolucency and compared with that of 81 VLBW infants born in the same hospitals with normal ultrasound scans. Is time-oriented logistic regression models, echolucency remained a consistent predictor of abnormal visual resolution acuity after adjustment for covariates in three developmental periods (pre-, peri-, and postnatal). Odds ratios ranged from 19.3 (95% confidence interval, 4.5 to 82.2;p=0.001) to 10.4 (95% confidence interval, 1.3 to 81.9;p=0.03). Reduced visual resolution acuity in VLBW infants appears to be due to cerebral white matter damage.

Record - 3

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08888680 Genuine Article#: 340WZ Number of References: 81
Title: New research directions in neuroepidemiology
Author(s): Cowan LD (REPRINT) ; Leviton A; Dammann O
Corporate Source: UNIV OKLAHOMA,HLTH SCI CTR, COLL PUBL HLTH, DEPT BIOSTAT & EPIDEMIOL, POB 26901/OKLAHOMA CITY//OK/73190 (REPRINT); CHILDRENS HOSP,DEPT NEUROL/BOSTON//MA/02115; HARVARD UNIV,SCH MED, DEPT NEUROL/BOSTON//MA/02115
Journal: EPIDEMIOLOGIC REVIEWS, 2000, V22, N1, P18-23
ISSN: 0193-936X Publication date: 20000000
Publisher: OXFORD UNIV PRESS INC, JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513
Language: English Document Type: ARTICLE

Record - 4

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

08724274 Genuine Article#: 321EA Number of References: 36
Title: Do clinical markers of barotrauma and oxygen toxicity explain interhospital variation in rates of chronic lung disease? (ABSTRACT AVAILABLE)

PM3001180741

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Author(s): VanMarter LJ (REPRINT) ; Allred EN; Pagano M; Sanocka U; Parad R ; Moore M; Susser M; Paneth N; Leviton A
Corporate Source: CHILDRENS HOSP,HUNNEWELL 438, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/; MICHIGAN STATE UNIV,/E LANSING//MI/48824; COLUMBIA UNIV,/NEW YORK//NY/; RAINBOW BABIES & CHILDRENS HOSP,/NEW YORK//NY/; ST LUKES ROOSEVELT HOSP,/NEW YORK//NY/; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115
Journal: PEDIATRICS, 2000, V105, N6 (JUN), P1194-1201
ISSN: 0031-4005 Publication date: 20000600
Publisher: AMER ACAD PEDIATRICS, 141 NORTH-WEST POINT BLVD, ELK GROVE VILLAGE, IL 60007-1098
Language: English Document Type: ARTICLE
Abstract: Objective. To explore the hypothesis that variation in respiratory management among newborn intensive care units (NICUs) explains differences in chronic lung disease (CLD) rates.

Design. Case-cohort study.

Setting. NICUs at 1 medical center in New York (Babies' and Children's Hospital [Babies']) and 2 in Boston (Beth Israel Hospital and Brigham and Women's Hospital [Boston]).

Study Population. Four hundred fifty-two infants born at 500 to 1500 g birth weight between January 1991 and December 1993, who were enrolled in an epidemiologic study of neonatal intracranial white matter disorders.

Case Definition. Supplemental oxygen required at 36 weeks' postmenstrual age.

Results. The prevalence rates of CLD differed substantially between the centers: 4% at Babies' and 22% at the 2 Boston hospitals, despite similar mortality rates. Initial respiratory management at Boston was more likely than at Babies' to include mechanical ventilation (75% vs 29%) and surfactant treatment (45% vs 10%). Case and control infants at Babies' were more likely than were those at Boston to have higher partial pressure of carbon dioxide and lower pH values on arterial blood gases. However, measures of oxygenation and ventilator settings among case and control infants were similar at the 2 medical centers in time-oriented logistic regression analyses. In multivariate logistic regression analyses, the initiation of mechanical ventilation was associated with increased risk of CLD: after adjusting for other potential confounding factors, the odds ratios for mechanical ventilation were 13.4 on day of birth, 9.6 on days 1 to 3, and 6.3 on days 4 to 7. Among ventilated infants, CLD risk was elevated for maximum peak inspiratory pressure >25 and maximum fraction of inspired oxygen = 1.0 on the day of birth, lowest peak inspiratory pressure >20 and maximum partial pressure of carbon dioxide >50 on days 1 to 3, and lowest white blood count <8 K on days 4 to 7. Even after adjusting for white blood count <8 K and the 4 respiratory care variables, infants in Boston continued to be at increased risk of CLD, compared with premature infants at Babies' Hospital.

Conclusion. In multivariate analyses, a number of specific measures of respiratory care practice during the first postnatal week were associated with the risk of a very low birth weight infant developing CLD. However, after adjusting for baseline risk, most of the increased risk of CLD among very low birth weight infants hospitalized at 2 Boston NICUs, compared with those at Babies' Hospital, was explained simply by the initiation of mechanical ventilation.

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PM3001180742

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08573472 Genuine Article#: 302LU Number of References: 75
Title: Brain damage in preterm newborns: Biological response modification as a strategy to reduce disabilities (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Leviton A
Corporate Source: HARVARD UNIV,CHILDRENS HOSP, SCH MED, DEPT NEUROL, NEUROEPIDEMIOL UNIT, CA 505, 300 LONG/BOSTON//MA/02115 (REPRINT)
Journal: JOURNAL OF PEDIATRICS, 2000, V136, N4 (APR), P433-438
ISSN: 0022-3476 Publication date: 20000400
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318
Language: English Document Type: ARTICLE
Abstract: Substances that promote the growth and maturation of oligodendrocytes and their precursors might protect against white matter injury. We suggest that neuroprotection can also be provided by such modulators of fetal and neonatal inflammatory responses as ant;inflammatory cytokines, cytokine-binding proteins, and cytokine-receptor blockers. We briefly describe inflammatory responses in the fetus and newborn and show how they might contribute to brain damage. We conclude with the possibility that so-called biological response modifiers, which are drugs that modulate these inflammatory responses, might reduce the risk of brain damage and disabilities.

Record - 6

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

08549821 Genuine Article#: 298WX Number of References: 44
Title: Role of the fetus in perinatal infection and neonatal brain damage (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Leviton A
Corporate Source: HARVARD UNIV,SCH MED, CHILDRENS HOSP, DEPT NEUROL, NEUROEPIDEMIOL UNIT, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT)
Journal: CURRENT OPINION IN PEDIATRICS, 2000, V12, N2 (APR), P99-104
ISSN: 1040-8703 Publication date: 20000400
Publisher: LIPPINCOTT WILLIAMS & WILKINS, 530 WALNUT ST, PHILADELPHIA, PA 19106-3621
Language: English Document Type: REVIEW
Abstract: Increasing evidence supports the view that infants exposed to perinatal infection are at increased risk for brain injury, We suggest that elevated cytokines in the amniotic fluid or in the fetal circulation be viewed as a humoral expression and that inflammatory cells in chorionic plate or umbilical cord blood vessel walls be viewed as a morphologic expression of the fetal inflammatory response. We discuss the evidence supporting the hypothesis that the fetal inflammatory response contributes to neonatal brain injury and later developmental disability. Little support has been found for a maternal contribution. Intervention should be designed with the fetus in mind. Curr Opin Pediatr 2000, 12:99-104 (C) 2000 Lippincott Williams & Wilkins, Inc.

Record - 7

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

08511724 Genuine Article#: 294QG Number of References: 15
Title: Limitations of the World Health Organization classification of childhood supratentorial astrocytic tumors (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Brown WD; Leviton A; Tavare CJ; Adelman L; Rorke LB; Davis RL; HedleyWhyte TE

PM3001180743

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Corporate Source: CHILDRENS HOSP LOS ANGELES,SECT NEUROPATHOL, DEPT PATHOL & LAB MED, 4650 SUNSET BLVD, MS 43/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED/LOS ANGELES//CA/; RHODE ISL HOSP,DEPT PEDIAT, DIV PEDIAT NEUROL/PROVIDENCE//RI/; RHODE ISL HOSP,DEPT NEUROL/PROVIDENCE//RI/; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/; TUFTS UNIV NEW ENGLAND MED CTR,NEUROPATHOL LAB/BOSTON//MA/; TUFTS UNIV,/BOSTON//MA/02111; CHILDRENS HOSP PHILADELPHIA,SECT NEUROPATHOL/PHILADELPHIA//PA/19104; UNIV PENN,/PHILADELPHIA//PA/19104; UNIV CALIF SAN FRANCISCO,SCH MED, DEPT PATHOL/SAN FRANCISCO//CA/94143; MASSACHUSETTS GEN HOSP,SECT NEUROPATHOL/BOSTON//MA/02114
Journal: CANCER, 2000, V88, N6 (MAR 15), P1477-1483
ISSN: 0008-543X Publication date: 20000315
Publisher: WILEY-LISS, DIV JOHN WILEY & SONS INC, 605 THIRD AVE, NEW YORK, NY 10158-0012
Language: English Document Type: ARTICLE
Abstract: BACKGROUND. In the context of many implied but not rigorously stated histologic feature combinations, the World Health Organization (WHO) classification of astrocytic tumors specifies only the presence or absence of endothelial proliferation, necrosis, and mitosis to distinguish astrocytoma, anaplastic astrocytoma, and glioblastoma multiforme.

METHODS. The authors examined the effects of these and other reliably recognized histologic features on survival in the Childhood Brain Tumor Consortium (CBTC) sample of 340 children with supratentorial astrocytic tumors.

RESULTS. Overall, the WHO criteria distinguished only two prognostically distinct classes of astrocytomas. When the specific combinations of the three features were unambiguously designated, three diagnostic categories resulted. These revised diagnostic categories are consistent with WHO guidelines and have significantly different survival distributions. However, neither the original WHO diagnoses nor the revised categories adequately separated these tumors prognostically, because histologic features other than those specified by WHO were significantly associated with improved or worsened survival.

CONCLUSIONS. Classifications based on small numbers of specified histologic features may not be feasible because they inadequately separate childhood astrocytic tumors into prognostically homogeneous groups. Preferable classification techniques are those that simultaneously account for all reliably recognized histologic features. Cancer 2000;88:1477-83. (C) 2000 American Cancer Society.

Record - 8

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

08469140 Genuine Article#: 289GK Number of References: 39
Title: What explains away the increased risk of histological chorioamnionitis in African-American mothers of very-low-birthweight infants? (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Leviton A; Allred EN
Corporate Source: CHILDRENS HOSP,NEUROEPIDEMIOL UNIT, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/
Journal: PAEDIATRIC AND PERINATAL EPIDEMIOLOGY, 2000, V14, N1 (JAN), P20-29
ISSN: 0269-5022 Publication date: 20000100
Publisher: BLACKWELL SCIENCE LTD, P O BOX 88, OSNEY MEAD, OXFORD OX2 0NE, OXON, ENGLAND
Language: English Document Type: ARTICLE

PM3001180744

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Abstract: We sought explanations for African-American mothers' increased risk of chorioamnionitis by sequentially adjusting for confounder variables both individually and in groups. We searched for a subset of covariates that had the most influence on the chorioamnionitis odds ratio (OR) of these women. The sample consisted of 305 African-American and 520 White mothers who gave birth to a very-low-birthweight (less than or equal to 1500 g) infant between 1991 and 1993, whose placenta was examined according to protocol and whose hospital chart was reviewed. Histologically proven chorioamnionitis was present in 43% of the placentas from African-American women and in 27% of those from Whites (crude OR 2.1, 95% confidence interval 1.5, 2.8). Singleton status appeared to be the most important effect modifier, with significant crude ORs of 1.5 among singletons and 3.4 among non-singletons. Using logistic regression models in the whole sample and in subgroups, we sought to 'explain away' this increased risk. Indeed, addition of information about confounder variables resulted in considerable reduction in the ORs to 1.1 among singletons and 1.9 among non-singletons. Particularly important among the confounders were singleton birth, Medicaid insurance, duration of ruptured membranes and gestational age. We discuss the possibility that this set of confounding variables conveys, in part, the same information as the variable African-American, and also perhaps information about the availability and/or utilisation of prenatal health care.

Record - 9

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08442574 Genuine Article#: 286CC Number of References: 37
Title: Definitive classes of childhood supratentorial neuroglial tumors (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Leviton A; Tavare CJ; Adelman L; Rorke LB; Sobel EL; HedleyWhyte ET; Davis RL
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, 4650 SUNSET BLVD/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED/LOS ANGELES//CA/90027; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; TUFTS UNIV NEW ENGLAND MED CTR,NEUROPATHOL LAB/BOSTON//MA/02111; TUFTS UNIV,/BOSTON//MA/02111; UNIV PENN,/PHILADELPHIA//PA/19104; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104; UNIV SO CALIF,SCH MED, DEPT PREVENT MED/LOS ANGELES//CA/90033; MASSACHUSETTS GEN HOSP,/BOSTON//MA/02114; HARVARD UNIV,SCH MED/BOSTON//MA/02114; UNIV CALIF SAN FRANCISCO,DEPT PATHOL, SCH MED HSW 501/SAN FRANCISCO//CA/94143
Journal: PEDIATRIC AND DEVELOPMENTAL PATHOLOGY, 2000, V3, N2 (MAR-APR), P 126-139
ISSN: 1093-5266 Publication date: 20000300
Publisher: SPRINGER VERLAG, 175 FIFTH AVE, NEW YORK, NY 10010
Language: English Document Type: ARTICLE
Abstract: Our objective in this study was to identify histologically homogenous classes of childhood supratentorial neuroglial tumors. Previously, we identified five quantitative histologic factors (differing linear combinations of 17 reliably recognized histologic features in neuroglial tumors). They account for much of the histologic variance in the 703 supratentorial tumors in the Childhood Brain Tumor Consortium (CBTC) database. In this study, we used the scores on the factors in cluster analyses and identified eight classes of neuroglial tumors. Each of these classes had significant differences in histology, allowing the separation of many of the conventional types of neuroglial tumors into two or more classes. For instance, fibrillary astrocytoma, pilocytic astrocytoma, subependymal giant cell astrocytoma, anaplastic astrocytoma, oligodendroglioma, and ependymoma were represented in two or more classes. Often these classes had statistically significant

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differences in survival distributions. For instance, the two classes of "anaplastic astrocytomas" have widely discrepant 5-year survival probabilities of 0.7 and 0.2. Use of the classes identified in this study ensures relatively homogeneous histologic subsets of tumors. We suggest that these classes will be useful for the selection of children for therapeutic clinical trials.

Record - 10

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08110134 Genuine Article#: 247XV Number of References: 71
Title: Maternal infection, fetal inflammatory response, and brain damage in very low birth weight infants (ABSTRACT AVAILABLE)
Author(s): Leviton A (REPRINT) ; Paneth N; Reuss ML; Susser M; Allred EN; Dammann O; Kuban K; VanMarter LJ; Pagano M
Corporate Source: CHILDRENS HOSP,CARNEGIE 207, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/CAMBRIDGE//MA/02138; MICHIGAN STATE UNIV,/LANSING//MI/; BELLEVUE RES FDN,/NISKAYUNA//NY/; COLUMBIA UNIV,/NEW YORK//NY/; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; TUFTS UNIV NEW ENGLAND MED CTR,/BOSTON//MA/02111; TUFTS UNIV,SCH MED/BOSTON//MA/02111; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; UNIV MED & DENT NEW JERSEY,ST PETERS MED CTR/NEW BRUNSWICK//NJ/08903; UNIV MED & DENT NEW JERSEY,ROBERT WOOD JOHNSON MED SCH/NEW BRUNSWICK//NJ/08903; COLUMBIA PRESBYTERIAN MED CTR,BABIES HOSP/NEW YORK//NY/10032; ST LUKES ROOSEVELT HOSP,MED CTR/NEW YORK//NY/10025; LINCOLN HOSP,/BRONX//NY/; NEW YORK HOSP,/NEW YORK//NY/10021; CORNELL MED SCH,/ITHACA//NY/; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104; UNIV MED & DENT NEW JERSEY,NEW JERSEY MED SCH/NEWARK//NJ/07103
Journal: PEDIATRIC RESEARCH, 1999, V46, N5 (NOV), P566-575
ISSN: 0031-3998 Publication date: 19991100
Publisher: INT PEDIATRIC RESEARCH FOUNDATION, INC, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436
Language: English Document Type: ARTICLE
Abstract: Echolucent images (EL) of cerebral white matter, seen on cranial ultrasonographic scans of very low birth weight newborns, predict motor and cognitive limitations. We tested the hypothesis that markers of maternal and fete-placental infection were associated with risks of both early (diagnosed at a median age of 7 d) and late (median age = 21 d) EL in a multi-center cohort of 1078 infants <1500 x g. Maternal infection was indicated by fever, leukocytosis, and receipt of antibiotic; fetoplacental inflammation was indicated by the presence of fetal vasculitis (i.e. of the placental chorionic plate or the umbilical cord). The effect of membrane inflammation was also assessed. All analyses were performed separately in infants born within 1 h of membrane rupture (n = 537), or after a longer interval (n = 541), to determine whether infection markers have different effects in infants who are unlikely to have experienced ascending amniotic sac infection as a consequence of membrane rupture. Placental membrane inflammation by itself was not associated with risk of EL at any time. The risks of both early and late EL were substantially increased in infants with fetal vasculitis, but the association with early EL was found only in infants born greater than or equal to 1 after membrane rupture and who had membrane inflammation (adjusted OR not calculable), whereas the association of fetal vasculitis with late EL was seen only in infants born <1 h after membrane rupture (OR = 10.8; p = 0.05). Maternal receipt of antibiotic in the 24 h just before delivery was associated with late EL only if delivery occurred <1 h after membrane rupture (OR = 6.9; p = 0.01). Indicators of maternal infection and of a fetal inflammatory response are strongly and independently associated with EL, particularly late EL.

PM3001180746

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Record - 11

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08106828 Genuine Article#: 247EX Number of References: 57
Title: Antenatal corticosteroids and cranial ultrasonographic abnormalities (ABSTRACT AVAILABLE)
Author(s): Leviton A (REPRINT) ; Dammann O; Allred EN; Kuban K; Pagano M; VanMarter L; Paneth N; Reuss ML; Susser M
Corporate Source: CHILDRENS HOSP,300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; TUFTS UNIV NEW ENGLAND MED CTR,/BOSTON//MA/02111 ; TUFTS UNIV,SCH MED/BOSTON//MA/02111; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; MICHIGAN STATE UNIV,/E LANSING//MI/48824; BELLEVUE RES FDN,/NISKAYUNA//NY/; COLUMBIA UNIV,/NEW YORK//NY/
Journal: AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY, 1999, V181, N4 (OCT), P1007-1017
ISSN: 0002-9378 Publication date: 19991000
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318
Language: English Document Type: ARTICLE
Abstract: OBJECTIVE: This study was undertaken to determine whether very-low-birth-weight infants whose mothers received a course of antenatal corticosteroids were at decreased risk for 3 cranial ultrasonographic entities that predict neurodevelopmental dysfunction.

STUDY DESIGN: This retrospective cohort study evaluated 1604 infants weighing 500 to 1500 g who underwent greater than or equal to 1 of 3 cranial ultrasonographic scans required by design at specified postnatal intervals and whose own and mother's hospital charts were reviewed. Infants were classified according to mother's course of antenatal corticosteroids (none, partial, or complete).

RESULTS: In the total sample the risks of intraventricular hemorrhage and of an echolucent image in the cerebral white matter were only modestly (and not statistically significantly) reduced after a full course of antenatal corticosteroids, whereas antenatal corticosteroids appeared to significantly reduce the risk of ventriculomegaly after even a partial course. Antenatal corticosteroids appeared to halve the risk of ventriculomegaly and echolucent image among the gestationally youngest infants and those with intraventricular hemorrhage, hypothyroxinemia, or vasculitis of the umbilical cord or chorionic plate of the placenta.

CONCLUSION: These observations are consistent with the hypothesis that antenatal corticosteroids protect very-low-birth-weight infants, especially those who are most vulnerable, against the risk of cranial ultrasonographic abnormalities.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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08106827 Genuine Article#: 247EX Number of References: 35
Title: Labor and delivery characteristics and risks of cranial ultrasonographic abnormalities among very-low-birth-weight infants (ABSTRACT AVAILABLE)
Author(s): Hansen A (REPRINT) ; Leviton A
Corporate Source: CHILDRENS HOSP,DIV NEWBORN MED, HUNNEWELL 4, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); CHILDRENS HOSP,DIV NEUROL/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/
Journal: AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY, 1999, V181, N4 (OCT

PM3001180747

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

), P997-1006
ISSN: 0002-9378 Publication date: 19991000
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318
Language: English Document Type: ARTICLE
Abstract: OBJECTIVE: The objective of this study was to evaluate the relationships between 3 labor and delivery characteristics (duration of labor, interval between membrane rupture and delivery, and route of delivery) and 4 neonatal cranial ultrasonographic abnormalities (intraventricular hemorrhage, ventriculomegaly, echodensity of cerebral white matter, and periventricular leukomalacia).

STUDY DESIGN: We prospectively gathered data on 1588 very low birth weight infants including neonatal cranial ultrasonographic studies, maternal interview, and maternal and infant chart reviews. We performed univariate and multivariate analyses.

RESULTS: In univariate analysis vaginal delivery was associated with an increased risk of all 4 cranial ultrasonographic abnormalities. In multivariate analysis, however, vaginal delivery was no longer associated with periventricular leukomalacia. Moreover, the risks of intraventricular hemorrhage, ventriculomegaly, and echodensity attributable to vaginal delivery were no longer elevated when the sample was limited to infants born within 1 hour after membrane rupture and adjustment was made for fetal vasculitis and for other potential confounders.

CONCLUSION: Vaginal delivery was the only obstetric characteristic consistently associated with intracranial hemorrhage and white matter disease in these preterm infants. Because its relationship to brain lesions was markedly reduced when placental inflammation was accounted for, however, vaginal delivery may simply have acted as a marker for antecedent inflammation or infection and not as a direct contributor to brain disorders.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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07758005 Genuine Article#: 205KV Number of References: 25
Title: Hypothyroxinemia of prematurity and the risk of cerebral white matter damage (ABSTRACT AVAILABLE)
Author(s): Leviton A (REPRINT) ; Paneth N; Reuss ML; Susser M; Allred EN; Dammann O; Kuban K; VanMarter LJ; Pagano M
Corporate Source: CHILDRENS HOSP,300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/; MICHIGAN STATE UNIV,/E LANSING//MI/48824; BELLEVUE RES FDN,/NISKAYUNA//NY/; COLUMBIA UNIV,/NEW YORK//NY/; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; TUFTS UNIV NEW ENGLAND MED CTR,/BOSTON//MA/02111; TUFTS UNIV,SCH MED/BOSTON//MA/02111; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; ST PETERS MED CTR,/NEW BRUNSWICK//NJ/; UNIV MED & DENT NEW JERSEY,/NEW BRUNSWICK//NJ/; BABIES HOSP,/NEW YORK//NY/; ST LUKES ROOSEVELT HOSP,/NEW YORK//NY/; LINCOLN HOSP,/BRONX//NY/; NEW YORK HOSP,/NEW YORK//NY/10021; CORNELL MED SCH,/NEW YORK//NY/; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104 ; UMDNJ,NEW JERSEY MED SCH/NEWARK//NJ/
Journal: JOURNAL OF PEDIATRICS, 1999, V134, N6 (JUN), P706-711
ISSN: 0022-3476 Publication date: 19990600
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318
Language: English Document Type: ARTICLE
Abstract: Objective: Infants with hypothyroxinemia of prematurity (HOP) are at increased risk for neurodevelopmental dysfunction. Infants born near the end of the middle trimester are also at increased risk for an

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echoluceney (EL) in the cerebral white matter, which reflects white matter damage and is the cranial ultrasound abnormality that best predicts neurodevelopmental dysfunction. We postulated that some of the increased risk of neurodevelopmental problems associated with HOP reflects an increased risk of EL.

Study design: We studied 1414 infants weighing 500 to 1500 g who were born at 4 medical centers between 1991 and 1993. The infants had thyroxine blood levels measured during the first weeks of life, at least 1 of 3 cranial ultrasound scans performed at specified postnatal intervals, and their own and their mother's hospital charts reviewed. Infants were classified by whether or not their first thyroxine level placed them in the lowest quartile among all infants in this sample (ie, <67.8 nmoVL, our definition of HOP, equivalent to <5.3 mu g/dL).

Results: After adjusting for such potential confounders as low gestational age and measures of illness severity, infants with HOP had twice the risk of EL as their peers with higher thyroxine levels.

Conclusion: Our findings are consistent with the hypothesis that a "normal" blood thyroxine level protects infants born near the end of the middle trimester against the risk of cerebral white matter damage.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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07679422 Genuine Article#: 195HM Number of References: 49
Title: White matter disorders of prematurity: Association with intraventricular hemorrhage and ventriculomegaly (ABSTRACT AVAILABLE)
Author(s): Kuban K (REPRINT) ; Sanocka U; Leviton A; Allred EN; Pagano M; Dammann O; Share J; Rosenfeld D; Abiri M; DiSalvo D; Doubilet P; Kairam R; Kazam E; Kirpekar M; Schonfeld S
Corporate Source: TUFTS UNIV NEW ENGLAND MED CTR,750 WASHINGTON ST/BOSTON//MA/02111 (REPRINT); HARVARD UNIV,SCH MED/CAMBRIDGE//MA/02138 ; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/CAMBRIDGE//MA/; TUFTS UNIV,SCH MED/BOSTON//MA/02111; UNIV MED & DENT NEW JERSEY,ROBERT WOOD JOHNSON MED SCH, ST PETERS MED CTR/NEW BRUNSWICK//NJ/08903; COLUMBIA PRESBYTERIAN MED CTR,BABIES HOSP/NEW YORK//NY/10032; ROBERT WOOD JOHNSON MED SCH,/PISCATAWAY//NJ/; ST LUKES ROOSEVELT HOSP,/NEW YORK//NY/; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; LINCOLN HOSP,/BRONX//NY/; NEW YORK HOSP,/NEW YORK//NY/10021; CORNELL UNIV,SCH MED/NEW YORK//NY/10021; COLUMBIA UNIV,/NEW YORK//NY/
Journal: JOURNAL OF PEDIATRICS, 1999, V134, N5 (MAY), P539-546
ISSN: 0022-3476 Publication date: 19990500
Publisher: MOSBY-YEAR BOOK INC, 11830 WESTLINE INDUSTRIAL DR, ST LOUIS, MO 63146-3318
Language: English Document Type: ARTICLE
Abstract: Objectives: Because intraventricular hemorrhage (IVH) often precedes the development of sonographically defined white matter damage (WMD) in very preterm infants, we sought to identify the IVH characteristics that predict WMD.

Hypotheses: We evaluated variations on the null hypothesis that infants with IVH are no more likely than infants without IVH to have WMD. These variations dealt with characteristics of the IVH (presence or absence of ventriculomegaly) or characteristics of the WMD (size, localization, and laterality).

Methods: A total of 1605 infants weighing 500 to 1500 g at birth between January 1991 and December 1993 underwent standardized cranial ultrasound studies with 6 standard coronal and 5 sagittal views at postnatal days 1 to 3, 7 to 10, and at 3 to 8 weeks.

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Results: A total of 129 (8%) infants had WMD, either an echodensity alone (n = 59), an echolucency alone (n = 18), or both (n = 52). In analyses that controlled for gestational age, IVH was associated with a fivefold to ninefold increased risk of WMD regardless of size, laterality or extent of lesions (P less than or equal to .0005). Compared with infants with neither IVH nor ventriculomegaly, infants with both were at 18- to 29-fold greater risk of WMD (P less than or equal to .0005).

Conclusions: In this study IVH and ventriculomegaly were powerful predictors of WMD occurrence, whether small or large, unilateral or bilateral, localized or diffuse.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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07643327 Genuine Article#: 182AQ Number of References: 0
Title: Clinical markers of barotrauma and oxygen toxicity and inter-hospital variation in rates of chronic lung disease among surviving very low birth weight infants
Author(s): VanMarter L; Leviton A; Allred EN; Pagano M; Sanocka U; Parad R; Moore M
Corporate Source: CHILDRENS HOSP,/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; BABIES & CHILDRENS HOSP,/NEW YORK//NY/
Journal: PEDIATRIC RESEARCH, 1999, V45, N4,2 (APR), P1516-1516
ISSN: 0031-3998 Publication date: 19990400
Publisher: INT PEDIATRIC RESEARCH FOUNDATION, INC, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436
Language: English Document Type: MEETING ABSTRACT

Record - 16

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

07239768 Genuine Article#: 140CU Number of References: 36
Title: Prognostic limitations of the Daumas-Duport grading scheme in childhood supratentorial astroglial tumors (ABSTRACT AVAILABLE)
Author(s): Brown WD (REPRINT) ; Gilles FH; Tavare CJ; Rorke LB; Davis RL; Adelman L; HedleyWhyte ET; Leviton A
Corporate Source: RHODE ISL HOSP,DIV PEDIAT NEUROL, DEPT PEDIAT, 593 EDDY ST/PROVIDENCE//RI/02903 (REPRINT); RHODE ISL HOSP,DIV PEDIAT NEUROL, DEPT NEUROL/PROVIDENCE//RI/02903; CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED/LOS ANGELES//CA/90027; UNIV SO CALIF,SCH MED/LOS ANGELES//CA/; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104; UNIV PENN,/PHILADELPHIA//PA/19104; UNIV CALIF SAN FRANCISCO,SCH MED, DEPT PATHOL/SAN FRANCISCO//CA/94143; TUFTS UNIV,NEW ENGLAND MED CTR HOSP, NEUROPATHOL LAB/BOSTON//MA/02111; TUFTS UNIV,/BOSTON//MA/02111; MASSACHUSETTS GEN HOSP,/BOSTON//MA/02114; HARVARD UNIV,SCH MED/BOSTON//MA/; CHILDRENS HOSP,/BOSTON//MA/02115
Journal: JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY, 1998, V57, N11 (NOV), P1035-1040
ISSN: 0022-3069 Publication date: 19981100
Publisher: AMER ASSN NEUROPATHOLOGISTS INC, 1041 NEW HAMPSHIRE ST, LAWRENCE, KS 66044
Language: English Document Type: ARTICLE
Abstract: The Daumas-Duport grading scheme (DDGS) is a commonly used method for determining the grade of a tumor. It scores 4 histologic features and is used as a prognostic tool in adult astroglial tumors. This system of assigning children to prognostically homogeneous groups has

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not been evaluated. The Childhood Brain Tumor Consortium (CBTC) database includes 327 children with a CBTC assigned World Health Organization (WHO) diagnosis of supratentorial astroglial tumor and histologic features necessary for Daumas-Duport grading. We compared survival estimates for tumors within and between DDGS grades using a slightly broadened definition of endothelial prominence. The DDGS yielded only 3 histologic groups in children and only 2 prognostically differing groups. Subgroups within DDGS grades had significantly different survival distributions. The summing of 4 disparate histologic features in the DDGS is inadequate for the assessment of childhood supratentorial astroglial tumors. A classification system more fully summarizing the complete histologic content of tumors is most likely to provide diagnoses useful for clinical purposes.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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07239767 Genuine Article#: 140CU Number of References: 54
Title: Groups of histopathologic abnormalities in brains of very low birthweight infants (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Leviton A; Golden JA; Paneth N; Rudelli RD
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, 4650 SUNSET BLVD, MS 43/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED/LOS ANGELES//CA/; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/; CHILDRENS HOSP PHILADELPHIA,DEPT PATHOL/PHILADELPHIA//PA/19104; MICHIGAN STATE UNIV,COLL HUMAN MED, DEPT EPIDEMIOL/E LANSING//MI/48824; MICHIGAN STATE UNIV,COLL HUMAN MED, DEPT PEDIAT/E LANSING//MI/48824; BAYONNE HOSP,PATHOL & LAB SERV/BAYONNE//NJ/
Journal: JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY, 1998, V57, N11 (NOV), P1026-1034
ISSN: 0022-3069 Publication date: 19981100
Publisher: AMER ASSN NEUROPATHOLOGISTS INC, 1041 NEW HAMPSHIRE ST, LAWRENCE, KS 66044
Language: English Document Type: ARTICLE
Abstract: The neuropathologic changes in brains of very premature infants are well recognized but relatively few studies have attempted to identify if specific neuropathologic features cluster together. These data could assist in determining pathogenetic mechanisms of immature brain injury. The goal of this study is to identify which, if any, combinations of histologic features occur together. We identified the presence or absence of 19 histologic features in the brains of 67 infants from a multicenter study of 1,665 prematurely born infants whose birthweight was 500-1,500 grams. We used clustering algorithms and factor analysis to group pathologic features that occurred together. Our results indicate that certain histopathologic features do cluster. For example, telencephalic white matter astrocytosis occurs in 2 groups: 1) associated with amphophilic globules, and, 2) in an uncorrelated group, associated with focal macrophage deposits and coagulative necroses. Parenchymal hemorrhage was not found to be associated with any telencephalic leukoencephalopathy, regardless of whether characterized by rarefaction, astrocytosis, focal coagulative necroses, or foci of macrophages in the white matter. Intraventricular hemorrhage and germinal matrix hemorrhage were not seen together more often than by chance expectation. Intraventricular hemorrhage was only marginally associated with parenchymal hemorrhage. Our data indicate that specific histopathologic features tend to preferentially cluster with each other in groups. This clustering may represent the manifestation of a common mechanism for each. These data should be valuable indicators for future research attempting to establish pathogenesis.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

07049431 Genuine Article#: 118NG Number of References: 22
Title: Clusters of histologic characteristics in children with infratentorial neuroglial tumors (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Sobel EL; Leviton A; Tavare CJ
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, MS 43, 4650 SUNSET BLVD/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED, DEPT PREVENT MED/LOS ANGELES//CA/90089; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/
Journal: JOURNAL OF NEURO-ONCOLOGY, 1998, V39, N1 (AUG), P51-63
ISSN: 0167-594X Publication date: 19980800
Publisher: KLUWER ACADEMIC PUBL, SPUIBOULEVARD 50, PO BOX 17, 3300 AA DORDRECHT, NETHERLANDS
Language: English Document Type: ARTICLE
Abstract: Five quantitative histologic factors, differing linear combinations of 26 reliably recognized histologic features, account for much of the histologic variance in 1068 children with infratentorial neuroglial tumors in the Childhood Brain Tumor Consortium (CBTC) database. In this study, we used the scores on the Spongy, Proliferative, Ring, Fibrillary, and Nuclear factors in cluster analyses and identified 11 clusters of children's tumors. Each had statistically significant differences in histology and relative histologic homogeneity. Three clusters had ependymoma-like histologic features; 4 had astrocytoma-like features; and 4 had primitive neuroectodermal-like (PNET or medulloblastoma) features. Each cluster had a unique high/low mean factor score pattern. Multiple operative and other clinical features characterized the three groups of clusters. We used Kaplan-Meier survival models to test for differences in survival among clusters and proportional hazards survival models to adjust for associated covariates. Among the 'ependymoma' clusters the 5 year survival probability ranged from 0.25 to 0.54. Among the 4 'astrocytoma' clusters, 5 year survival probability ranged from 0.59 to 0.94. The 5 year survival probability for the 'medulloblastoma' clusters ranged from 0.20 to 0.44. Within the three groups, clusters had differing covariates associated with survival. The tumor clusters identified in this study ensure relatively homogeneous histologic subsets. The five factor scores of a child's tumor provide the basis for finding the cluster nearest to that tumor. We propose that this tumor clustering strategy be employed for selection of children and for analyses of therapeutic clinical trials.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

06734623 Genuine Article#: ZN398 Number of References: 39
Title: Is some white matter damage in preterm neonates induced by a human pestivirus?
Author(s): Dammann O (REPRINT) ; Leviton A
Corporate Source: CHILDRENS HOSP,DEPT NEUROL, NEUROEPIDEMIOL UNIT/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: ARCHIVES OF DISEASE IN CHILDHOOD, 1998, V78, N3,SI (MAY), P F230-F231
ISSN: 0003-9888 Publication date: 19980500
Publisher: BRITISH MED JOURNAL PUBL GROUP, BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
Language: English Document Type: ARTICLE

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PM3001180752

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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06402203 Genuine Article#: YP773 Number of References: 32
Title: Magnesium sulfate and cerebral palsy in preterm infants (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Dammann CEL; Leviton A
Corporate Source: HARVARD UNIV,NEUROEPIDEMIOL UNIT, DEPT NEUROL, SCH MED, CHILDRENS HOSP, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); TUFTS UNIV,NEW ENGLAND MED CTR, SCH MED, FLOATING HOSP CHILDREN, DIV NEWBORN MED/BOSTON//MA/02111
Journal: GEBURTSHILFE UND FRAUENHEILKUNDE, 1997, V57, N12 (DEC), P670-674
ISSN: 0016-5751 Publication date: 19971200
Publisher: GEORG THIEME VERLAG, P O BOX 30 11 20, D-70451 STUTTGART, GERMANY
Language: German Document Type: ARTICLE
Abstract: in this review of the current literature, we discuss whether antenatal magnesium sulfate (MgSO4) therapy should be recommended for the prevention of neonatal periventricular echoabnormalities (PVEA) and subsequent cerebral palsy (CP) in preterm infants. In two studies on MgSO4 and CP, a significant risk reduction was present, which could not be confirmed by a third, In only one of three separate studies on MgSO4 and PVEA, those exposed to MgSO4 were at decreased PVEA-risk. We discuss the methodological problems arising from small study size, univariate analysis, confounding by indication, and residual confounding, and conclude that no recommendation on antenatal MgSO4 solely for prevention of CP in preterm infants can yet be given.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

06379439 Genuine Article#: YN524 Number of References: 32
Title: The correlation between placental pathology and intraventricular hemorrhage in the preterm infant (ABSTRACT AVAILABLE)
Author(s): Hansen A (REPRINT) ; Leviton A; Paneth N; Reuss ML; Susser M; Allred EN; Dammann O; Kuban K; Pagano M; Banogan P; Collins M; Genest D ; Heller D; ShenSchwarz S; Abiri M; DiSalvo D; Doubilet P; Kairam R; Kazam E; Kirpekar M; Rosenfeld D; Sanocka U; Schonfeld S; Share J; Hegyi T; Hiatt M; Shahrivar F; VanMarter LJ; Hsu I
Corporate Source: CHILDRENS HOSP,300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); MICHIGAN STATE UNIV,/E LANSING//MI/48824; BELLEVUE RES FDN,/NISKAYUNA//NJ/; COLUMBIA UNIV,/NEW YORK//NY/; TUFTS UNIV NEW ENGLAND MED CTR,/BOSTON//MA/02111; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115; COLUMBIA UNIV,/NEW YORK//NY/; UNIV MED & DENT NEW JERSEY,ROBERT WOOD JOHNSON MED SCH, ST PETERS MED CTR/NEW BRUNSWICK//NJ/08903; ST LUKES ROOSEVELT HOSP,/NEW YORK//NY/; COLUMBIA PRESBYTERIAN MED CTR,BABIES HOSP/NEW YORK//NY/10032; HARVARD UNIV,/BOSTON//MA/
Journal: PEDIATRIC RESEARCH, 1998, V43, N1 (JAN), P15-19
ISSN: 0031-3998 Publication date: 19980100
Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436
Language: English Document Type: ARTICLE
Abstract: The aim of this study is to better understand the relationship between placental pathology and risk of intraventricular hemorrhage (IVH). We address two specific hypotheses. 1) Morphologic correlates of pregnancy-induced hypertension (PM) are associated with a decreased risk of IVH. 2) Morphologic correlates of amniotic sac inflammation (ASI) are associated with an increased risk of IVH. Maternal, neonatal, and placental data were analyzed by univariate and multivariate methods in this prospective cohort study of 1095 very low birth weight infants.

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A cluster analysis model was used to categorize the placental pathologic features into clusters, the two main ones being PM and ASI. Deliveries were subdivided by the interval between membrane rupture and delivery as an index of preexisting infection (<1 h) and ascending infection (greater than or equal to 1 h). Univariate analysis supports both hypotheses. However, in multivariate models that adjusted for such potential confounders as gestational age, labor, and route of delivery, the only associations that persisted were the increased risk of IVH associated with the presence of chorionic or umbilical vasculitis in infants born within 1 h of membrane rupture. Placental correlates of PM do not provide additional information about NH risk independent of the presence of other components of the PM and ASI clusters, and confounders such as gestational age, labor, and route of delivery. Placental correlates of ASI, specifically the fetal responses of chorionic and umbilical vasculitis to preexisting infection, are associated with an increased risk of IVH independent of confounders. Cytokines may provide the link between placental inflammation and fetal/neonatal brain hemorrhage.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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06234612 Genuine Article#: YD671 Number of References: 25
Title: Thyroxine values from newborn screening of 919 infants born before 29 weeks' gestation (ABSTRACT AVAILABLE)
Author(s): Reuss ML (REPRINT) ; Leviton A; Paneth N; Susser M
Corporate Source: BELLEVUE RES FDN,2210 SCHENECTADY TROY RD/NISKAYUNA//NY/12309 (REPRINT); COLUMBIA UNIV,GERTRUDE H SERGIEVSKY CTR/NEW YORK//NY/10027; HARVARD UNIV,SCH MED/BOSTON//MA/; MICHIGAN STATE UNIV,COLL HUMAN MED/E LANSING//MI/48824
Journal: AMERICAN JOURNAL OF PUBLIC HEALTH, 1997, V87, N10 (OCT), P 1693-1697
ISSN: 0090-0036 Publication date: 19971000
Publisher: AMER PUBLIC HEALTH ASSOC INC, 1015 FIFTEENTH ST NW, WASHINGTON, DC 20005
Language: English Document Type: ARTICLE
Abstract: Objectives. Severe transient hypothyroxinemia in premature infants is associated with cerebral palsy and mental retardation; this:study assessed its prevalence in very premature infants.

Methods.: Congenital hypothyroidism screening programs in three states provided thyroxine values for 919 newborn infants younger than 29 weeks who were-enrolled:ina multicenter study.

Results. Thyroxine values were lower than 4.0 mu g/dL in 21% of survivors and increased each Week by 0.6 mu g/dL (95% confidence interval [CI] = 0.4, 0.7). At tests done 1 to 2 days after birth, levels were 2.5 mu g/dL higher (95% CI = 1.8, 3.3) than at tests done at 8 to 14 days. In New York, levels were 1.0 mu g/dL higher (95% CI = 0.3, 1.6) than elsewhere. The levels of infants who died were 1.3 mu g/dL lower (95% CI = 0.6, 2.0) than those of survivors.

Conclusions. Severe transient hypothyroxinemia is common in very premature infants and deserves further study.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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06101675 Genuine Article#: XV162 Number of References: 124
Title: The role of perinatal brain damage in developmental disabilities: An

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

epidemiologic perspective (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Leviton A; Du EITH
Corporate Source: HARVARD UNIV,NEUROEPIDEMIOL UNIT, CHILDRENS HOSP, SCH MED, DEPT NEUROL, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT)
Journal: MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES RESEARCH REVIEWS , 1997, V3, N1, P13-21
ISSN: 1080-4013 Publication date: 19970000
Publisher: WILEY-LISS, DIV JOHN WILEY & SONS INC, 605 THIRD AVE, NEW YORK, NY 10158-0012
Language: English Document Type: REVIEW
Abstract: To examine the potential contribution of epidemiologic research to the identification of perinatal brain damage as a "cause" of developmental disabilities, the authors review definitions and meth ods used in this field. The current literature provides considerably different estimates of the population prevalence of mental retardation (3-40 per thousand), cerebral palsy (1.2-2.6 per thousand), and learning disabilities (33-65 per thousand). Furthermore, the presumable proportion of disabilities caused in the perinatal period also differs with the population under investigation, age at examination, and exposure and outcome definition. Approximately 8-43% of cerebral palsy and 10-25% of mental retardation may be associated with variables describing perinatal morbidity usually interpreted as indicators of brain damage. The authors discuss the recent literature on the association of developmental disabilities and proxy variables, e.g., abnormal neuroimaging results, so-called asphyxia, abnormal fetal heart rate patterns or thyroxine levels, and severity of illness scores. Exact definitions of exposure and outcome, a proper study design, and agreement of findings from multiple studies are needed before associations between perinatal brain damage and developmental disabilities should be accepted as causal. (C) 1997 Wiley-Liss, Inc.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

06048895 Genuine Article#: XR530 Number of References: 62
Title: Quantitative histologic factors for grouping childhood infratentorial neuroglial tumors (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Sobel EL; Leviton A; Tavare CJ; HedleyWhyte ET; Rorke L; Adelman L; Sobel R
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, MS 43, 4650 SUNSET BLVD/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED/LOS ANGELES//CA/; UNIV SO CALIF,SCH MED, DEPT PREVENT MED/LOS ANGELES//CA/; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/; MASSACHUSETTS GEN HOSP,/BOSTON//MA/02114; CHILDRENS HOSP PHILADELPHIA,/PHILADELPHIA//PA/19104; UNIV PENN,/PHILADELPHIA//PA/19104; TUFTS UNIV NEW ENGLAND MED CTR,NEUROPATHOL LAB/BOSTON//MA/02111; TUFTS UNIV,/BOSTON//MA/02111; PALO ALTO VA MED CTR,LAB SERV/PALO ALTO//CA/; STANFORD MED SCH,/PALO ALTO//CA/
Journal: PEDIATRIC PATHOLOGY & LABORATORY MEDICINE, 1997, V17, N5 (SEP-OCT) , P809-834
ISSN: 1077-1042 Publication date: 19970900
Publisher: TAYLOR & FRANCIS, 1900 FROST ROAD, SUITE 101, BRISTOL, PA 19007-1598
Language: English Document Type: ARTICLE
Abstract: We employed factor analysis to quantify the degree of histologic heterogeneity of childhood infratentorial neuroglial tumors. Our data were 26 reliably ascertained histologic features in 1068 children in the Childhood Brain Tumor Consortium database. The factor analysis identified five uncorrelated quantitative "factors," each derived from a different linear combination of the 26 histologic features, that accounted for much of the histologic variation. Histologic features

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

differed in their importance in each factor. The most important features in each factor were used for naming using simple histologic, familiar descriptive terms: Spongy, Proliferative, Ring Fibrillary and Nuclear. Each tumor has a score on each factor. Two-thirds of tumors had high scores for at least two factors, indicating frequent histologic heterogeneity among these tumors. Ninety-five percent of tumors were allocated to 1 of 11 nonoverlapping histologically homogeneous groups. The Jive quantitative factors complement standard qualitative taxonomies by making explicit the histologic heterogeneity or homogeneity of individual tumors and provide the pathologist with a method that takes advantage of more of the histology of each tumor than conventional nomenclatures. Histologically homogeneous groups of tumors are likely to be of value in clinical trials and biologic research. Prognostic models based on these factors have been published.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

06048892 Genuine Article#: XR530 Number of References: 34
Title: Prognosis for children with supratentorial neuroglial tumors (ABSTRACT AVAILABLE)
Author(s): Sobel EL; Gilles FH (REPRINT) ; Tavare CJ; Leviton A; HedleyWhyte ET
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, MS 43, 4650 SUNSET BLVD/LOS ANGELES//CA/90027 (REPRINT); CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED/LOS ANGELES//CA/90027; UNIV SO CALIF,SCH MED, DEPT PREVENT MED/LOS ANGELES//CA/; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/; MASSACHUSETTS GEN HOSP,/BOSTON//MA/02114
Journal: PEDIATRIC PATHOLOGY & LABORATORY MEDICINE, 1997, V17, N5 (SEP-OCT) , P755-767
ISSN: 1077-1042 Publication date: 19970900
Publisher: TAYLOR & FRANCIS, 1900 FROST ROAD, SUITE 101, BRISTOL, PA 19007-1598
Language: English Document Type: ARTICLE
Abstract: Factor analysis of reliably identified histologic features in supratentorial glial tumors yielded five interpretable "factors":Spongy, Fibrillary, Proliferative, Jumbo, and Oligodendroglial. Quantitative scores can be calculated for each factor in a tuner to summarize its heterogeneity. The objective was to investigate whether factor scores are useful for prognostic purposes. The sample consisted of 703 children with supratentorial neuroglial tumors with factor scores for each of the five factors. Data were based on the presence or absence of 26 reliably identified histologic features, plus clinical and survival information. Multivariate proportional hazards models assessed each factor's contribution to survival for children who survived 1 month after operation (n = 609). Patient-specific clinical data were allowed in the models. Increased likelihood of survival is associated with greater tumor removal, later decade of surgery, and high Spongy and high Oligodendroglial factor scores. Decreased likelihood of survival is associated with high Proliferative factor scores and radiation and/or chemotherapy treatment. Gender, age, location, and Jumbo and Fibrillary factor scores did not provide additional prognostic information. Three reliable histologic features, nondefining for any histologic factor, added prognostic information: Rosenthal fibers and glomeruli are associated with improved prognosis; pleomorphic nuclei are associated with worse prognosis. A high Oligodendroglial factor score is associated with a worse prognosis for some classes of astrocytoma but with a better prognosis for oligodendroglial tumors. A high Proliferative score is associated with a worse prognosis for anaplastic astrocytomas, ependymomas, and unclassifiable tumors. A high Spongy

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score is associated with a better prognosis for anaplastic astrocytomas but with a worse prognosis for pilocytic astrocytomas. For giant cell astrocytomas, gangliogliomas, and miscellaneous tumors, none of the factors is prognostic. Spongy, Oligodendroglial, and Proliferative factors Provide important prognostic information for children with supratentorial neuroglial tumors.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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06048891 Genuine Article#: XR530 Number of References: 22
Title: Quantitative histologic factors for grouping childhood supratentorial neuroglial tumors (ABSTRACT AVAILABLE)
Author(s): Gilles FH (REPRINT) ; Sobel EL; Leviton A; Tavare CJ; HedleyWhyte ET
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED, MS 43, 4650 SUNSET BLVD/LOS ANGELES//CA/90027 (REPRINT); UNIV SO CALIF,SCH MED, DEPT PREVENT MED/LOS ANGELES//CA/; CHILDRENS HOSP,/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/; MASSACHUSETTS GEN HOSP,/BOSTON//MA/02114
Journal: PEDIATRIC PATHOLOGY & LABORATORY MEDICINE, 1997, V17, N5 (SEP-OCT) , P729-754
ISSN: 1077-1042 Publication date: 19970900
Publisher: TAYLOR & FRANCIS, 1900 FROST ROAD, SUITE 101, BRISTOL, PA 19007-1598
Language: English Document Type: ARTICLE
Abstract: The histologic heterogeneity of childhood supratentorial neuroglial tumors, when quantified, identifies relatively homogeneous subgroups for prognostic purposes and for assignment in clinical trials. Our sample consisted of supratentorial tumors in the Childhood Brain Tumor Consortium. The data consist of reliably identified histologic features and demographic, clinical, operative, and survival information. Factor analysis was used to identify uncorrelated "factors," each represented by a different combination of histologic features in 703 tumors. The defining histologic features were used to label each factor. The heterogeneity of each tumor was summarized using the factor scores for each factor. We compared the survival estimates of subgroups of tumors within common diagnostic classes. We identified five uncorrelated quantitative factors that accounted for much of the histologic variation. Our factor labels were Jumbo, Fibrillary, Proliferative, Spongy, and Oligodendroglial. Two thirds of tumors had high scores on two or more factors, indicating a high degree of heterogeneity among these tumors. Eighty-four percent of supratentorial tumors were accounted for by 19 nonoverlapping relatively homogeneous histologic groups. The five quantitative factors complement standard qualitative taxonomies by summarizing more completely the histologic feature aspects of a tu?nor than by diagnosis alone and quantify the histologic heterogeneity of individual tumors. Histologically homogeneous groups of tumors are essential for clinical trials, biologic research, and prognostic models.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05921004 Genuine Article#: XG724 Number of References: 137
Title: Intrauterine infection, cytokines, and brain damage in the preterm newborn (ABSTRACT AVAILABLE)
Author(s): Dammann O (REPRINT) ; Leviton A
Corporate Source: CHILDRENS HOSP,NEUROEPIDEMIOL UNIT, DEPT NEUROL, 300 LONGWOOD AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH

PM3001180757

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

MED/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1997, V42, N1 (JUL), P1-8
ISSN: 0031-3998 Publication date: 19970700
Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436
Language: English Document Type: REVIEW
Abstract: To evaluate the hypothesis that the proinflammatory cytokines IL-1, IL-6, and tumor necrosis factor-alpha might be the link between prenatal intrauterine infection (IUI) and neonatal brain damage, the authors review the relevant epidemiologic and cytokine literature. Maternal IUI appears to increase the risk of preterm delivery, which in turn is associated with an increased risk of intraventricular hemorrhage, neonatal white matter damage, and subsequent cerebral palsy. IL-1, IL-6, and TNF-alpha have been found associated with IUI, preterm birth, neonatal infections, and neonatal brain damage. Unifying models not only postulate the presence of cytokines in the three relevant maternal/fetal compartments (uterus, fetal circulation, and fetal brain) and the ability of the cytokines to cross boundaries (placenta and blood-brain barrier) between these compartments, but also postulate how proinflammatory cytokines might lead to IVH and neonatal white matter damage during prenatal maternal infection. Interrupting the proinflammatory cytokine cascade might prevent later disability in those born near the end of the second trimester.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05849519 Genuine Article#: XC500 Number of References: 3
Title: Neonatal risk factors for cerebral palsy in very preterm babies - Time oriented analyses of risk are useful
Author(s): Allred EN (REPRINT) ; Dammann O; Kuban K; Leviton A; Pagano M
Corporate Source: HARVARD UNIV,SCH MED/CAMBRIDGE//MA/02138 (REPRINT); TUFTS UNIV,SCH MED/MEDFORD//MA/02155; CHILDRENS HOSP,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115
Journal: BRITISH MEDICAL JOURNAL, 1997, V314, N7094 (MAY 31), P1624-1624
ISSN: 0959-8138 Publication date: 19970531
Publisher: BRITISH MED JOURNAL PUBL GROUP, BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON, ENGLAND WC1H 9JR
Language: English Document Type: LETTER

Record - 29

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05795611 Genuine Article#: WY073 Number of References: 23
Title: Frequency of neuropathological abnormalities in very low birth weight infants (ABSTRACT AVAILABLE)
Author(s): Golden JA (REPRINT) ; Gilles FH; Rudelli R; Leviton A
Corporate Source: CHILDRENS HOSP,DEPT PATHOL, 34TH & CIV CTR BLVD/PHILADELPHIA//PA/19104 (REPRINT); BRIGHAM & WOMENS HOSP,DEPT PATHOL/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP,DEPT NEUROL/BOSTON//MA/02115; HARVARD UNIV,CHILDRENS HOSP, SCH MED/BOSTON//MA/02115; BAYONNE HOSP,DEPT PATHOL/NEW YORK//NY/; UNIV SO CALIF,CHILDRENS HOSP LOS ANGELES, SCH MED, DEPT PATHOL/LOS ANGELES//CA/
Journal: JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY, 1997, V56, N5 (MAY), P472-478
ISSN: 0022-3069 Publication date: 19970500
Publisher: AMER ASSN NEUROPATHOLOGISTS INC, 1041 NEW HAMPSHIRE ST, LAWRENCE, KS 66044
Language: English Document Type: ARTICLE
Abstract: The occurrences of histologic changes in the central nervous system of very low birth weight infants (500 to 1500 grams) according

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to gestational age and postnatal age are incompletely reported. In order to better understand the abnormalities present in this patient population, the brains of 67 very low birth weight infants who died after having had at least one cranial ultrasound scan were studied. More than half the infants were born at gestational ages of 24 to 26 weeks, and only 28% died within 24 hours (h) of birth. The slides of the brains of all 67 infants were reviewed simultaneously by 3 neuropathologists who had to agree on the presence and/or absence of each histologic characteristic. Among infants who died within 24 h of birth, fully one quarter had parenchymal hemorrhage, 42% had petechial hemorrhages in the white matter, and more than 20% had hypertrophic astrocytes. These data indicate that in utero, prepartum, injury to the nervous system was common. Compared with infants who died before the sixth day, those who survived at least 6 days were twice as likely to have moderate/severe ventriculomegaly, rarefaction, amphophilic globules, hypertrophic astrocytes, macrophage foci, coagulative necrosis, and hemorrhagic necrosis than those who died before the 7th postnatal day. Parenchymal hemorrhage and moderate/severe ventriculomegaly decreased in frequency with increasing gestational age. On the other hand, the older the gestational age, the higher the likelihood of finding amphophilic globules, hypertrophic astrocytes, macrophage foci, and zones of coagulative necrosis upon neuropathologic examination. Our data indicate that several central nervous system abnormalities appear to increase with both older gestational age and older postnatal age for infants born weighing less than 1500 grams. We were unable, however, to determine the relative contribution of gestational age and postnatal age to the specific neuropathologic Endings in this study.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05704512 Genuine Article#: WQ802 Number of References: 31
Title: Maternal receipt of magnesium sulfate does not seem to reduce the risk of neonatal white matter damage (ABSTRACT AVAILABLE)
Author(s): Leviton A (REPRINT) ; Paneth N; Susser M; Reuss ML; Allred EN; Kuban K; Sanocka U; Hegyi T; Hiatt M; Shahrivar F; VanMarter LJ
Corporate Source: CHILDRENS HOSP,300 LONGWOOD AVE, CARNEGIE 207/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH MED/BOSTON//MA/; MICHIGAN STATE UNIV,/E LANSING//MI/48824; COLUMBIA UNIV,/NEW YORK//NY/; COLUMBIA PRESBYTERIAN MED CTR,BABIES HOSP/NEW YORK//NY/10032; UNIV MED & DENT NEW JERSEY,ROBERT WOOD JOHNSON MED SCH, ST PETERS MED CTR/NEW BRUNSWICK//NJ/08903; ST LUKES ROOSEVELT HOSP,/NEW YORK//NY/; BRIGHAM & WOMENS HOSP,/BOSTON//MA/02115
Journal: PEDIATRICS, 1997, V99, N4 (APR), PE21-E25
ISSN: 0031-4005 Publication date: 19970400
Publisher: AMER ACAD PEDIATRICS, 141 NORTH-WEST POINT BLVD, ELK GROVE VILLAGE, IL 60007-1098
Language: English Document Type: ARTICLE
Abstract: Objective. To investigate whether in to magnesium sulfate is associated with a lower incidence of cranial ultrasonographic abnormalities that predict cerebral palsy in infants who weigh less than 1501 g at birth.

Design. For a prospective study of the antecedents of cranial ultrasonographic abnormalities, we enrolled infants who weighed 500 to 1500 g when born at five institutions. Data were collected by interview of the mothers and review of medical records. Protocol cranial ultrasonograms were obtained as close as possible to postnatal days 1, 7, and 21. Abnormality on cranial ultrasound scans was determined by a consensus committee of three sonologists.

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Results. Of the 1518 infants for whom we knew whether the mothers received magnesium sulfate, the first protocol cranial ultrasound scan was available for 1409 infants, the second for 1274 infants, and the third for 1050 infants. Forty-five percent of infants were exposed to magnesium sulfate before delivery. The major correlates of magnesium sulfate exposure were receipt of antenatal corticosteriods and a diagnosis of preeclampsia and/or pregnancy-induced hypertension. Maternal magnesium receipt was not associated with a reduced incidence of hypoechoic or hyperechoic images of white matter parenchyma, intraventricular hemorrhage, or ventriculomegaly, even when the sample was stratified by each of six potential confounders. When adjustment was made for gestational age, a measure of birth weight for gestational age, antenatal corticosteroid exposure, preeclampsia and pregnancy-induced hypertension, route of delivery, and the occurrence of any labor, the risk ratios for each cranial ultrasonographic abnormality associated with magnesium sulfate exposure hovered close to 1.

Conclusion. Maternal receipt of magnesium sulfate does not seem to be associated with an appreciably reduced risk of cranial ultrasonographically defined neonatal white matter damage, intraventricular hemorrhage, or ventriculomegaly.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05532345 Genuine Article#: WE720 Number of References: 22
Title: A review of recent multiple sclerosis prophylactic clinical trials (ABSTRACT AVAILABLE)
Author(s): Raman CK; Olek MJ; Leviton A
Corporate Source: HARVARD UNIV,SCH MED, BRIGHAM & WOMENS HOSP, MULTIPLE SCLEROSIS CLIN & RES UNIT/BOSTON//MA/02115; CHILDRENS HOSP,/BOSTON//MA/02115
Journal: NEUROLOGIST, 1997, V3, N1 (JAN), P53-59
ISSN: 1074-7931 Publication date: 19970100
Publisher: WILLIAMS & WILKINS, 351 WEST CAMDEN ST, BALTIMORE, MD 21201-2436
Language: English Document Type: ARTICLE
Abstract: BACKGROUND- We reviewed four prophylactic treatments for multiple sclerosis recently described in the literature: copolymer-1, interferon beta-1b, cladribine, and oral methotrexate. Six problem areas are the subject of this commentary: 1) disease scales, 2) steroid use, 3) definition of exacerbation or relapse, 4) previous symptomatic/radiologic history, 5) magnetic resonance imaging, and 6) design variables: sample size, attrition rate, and power.

REVIEW SUMMARY- The studies were chosen because of their importance in understanding therapeutic responses in multiple sclerosis patients. Aspects tobe considered were disease scales, steroid use, previous history, definition of exacerbation, magnetic resonance imaging, and statistical data. The design of each trial was slightly different. Data from each study were analyzed independently and collectively. The aforementioned variables were compared, and shortcomings were elucidated. Discrepancies between entry criteriaand outcome measures were identified. The frequency, preparation, and duration of steroid use was contrasted. Relevant magnetic resonance imaging parameters and outcome criteria were examined. Comparison of total sample size, attrition rate, power, or error rate, and predicted detection of difference were culled, and future design models were explored.

CONCLUSIONS- This article reviews four current therapeutic trials involving multiple sclerosis patients. Differences and pitfalls of each study are compared. Statistical analysis among the trials is compared.

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The aim of thispaper is to alert readers to the variability of current trials by direct comparison and to suggest design parameters for future trials.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05237940 Genuine Article#: VK283 Number of References: 162
Title: VENTRICULOMEGALY, DELAYED MYELINATION, WHITE-MATTER HYPOPLASIA, AND PERIVENTRICULAR LENKOMALACIA - HOW ARE THEY RELATED (Abstract Available)
Author(s): LEVITON A; GILLES F
Corporate Source: CHILDRENS HOSP,DEPT NEUROL,CARNEGIE 207,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED,DEPT NEUROL/CAMBRIDGE//MA/02138; CHILDRENS HOSP,DEPT PATHOL/LOS ANGELES//CA/00000; UNIV SO CALIF,DEPT PATHOL NEUROPATHOL/LOS ANGELES//CA/90089; UNIV SO CALIF,DEPT NEUROSURG/LOS ANGELES//CA/90089; UNIV SO CALIF,DEPT NEUROL/LOS ANGELES//CA/90089
Journal: PEDIATRIC NEUROLOGY, 1996, V15, N2 (SEP), P127-136
ISSN: 0887-8994
Language: ENGLISH Document Type: REVIEW
Abstract: Preterm infants, including some who have sustained intracranial hemorrhage, appear to be at increased risk of lateral ventricular enlargement, Although some occurrences might be due to an impairment of cerebrospinal fluid flow or absorption, many instances of ventriculomegaly without accompanying macrocephaly reflect diffuse white matter damage resulting in diminished (i.e., hypoplastic) white matter or an inadequate density of axons, Perinatally acquired widespread white matter damage is sometimes associated with the focal white matter necrosis, We hypothesize that in some infants both ventriculomegaly and delayed myelination are consequences of disturbances to myelinogenesis that result from an impairment of cells destined to become oligodendroglia or of disturbances to rapidly growing axons, The vulnerability of developing white matter in preterm newborns might, in part, reflect the diminished availability of growth/survival factors, or a vulnerability to toxins or physiologic perturbations, Awareness that some ventriculomegaly reflects widely distributed white matter damage should prevent overtreatment of what might appear to be hydrocephalus, but is not due to impaired cerebrospinal fluid dynamics, Increased understanding of the phenomena leading to ventriculomegaly related to paucity of white matter should lead to successful efforts to prevent white matter damage in preterm newborns.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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05062093 Genuine Article#: TM645 Number of References: 24
Title: UREAPLASMA-UREALYTICUM INFECTION OF THE PLACENTA IN PREGNANCIES THAT ENDED PREMATURELY (Abstract Available)
Author(s): KUNDSIN RB; LEVITON A; ALLRED EN; POLLIN SA
Corporate Source: BRIGHAM & WOMENS HOSP,DEPT MED,75 FRANCIS ST/BOSTON//MA/02115; HARVARD UNIV,CHILDRENS HOSP,MED CTR,SCH MED,DEPT NEUROL/BOSTON//MA/00000
Journal: OBSTETRICS AND GYNECOLOGY, 1996, V87, N1 (JAN), P122-127
ISSN: 0029-7844
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective: To investigate the relationship between Urea-plasma urealyticum infection of the placenta and premature onset of labor.

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Methods: We studied 647 pregnancies that resulted in the live birth of an infant weighing less than 1501 g. The chorionic surface of the placenta was cultured for U urea-lyticum, Mycoplasma hominis, and group B streptococci.

Results: The rate of ureaplasma isolation increased with increasing interval between rupture of membranes and delivery. When analyses were limited to the 96 singleton pregnancies that ended within 1 hour of rupture of membranes and before the 29th week of gestation, U urealyticum was prominently associated with an increased risk of premature onset of labor (P =.008 unadjusted, and P =.05 when adjustment was made for all potential confounders). Ureaplasma infection rate was lowest in pregnancies terminated because of severe maternal preeclampsia or progressive fetal growth restriction.

Conclusion: Ureaplasma urealyticum infection is associated with premature onset of labor and with increasing duration of time between rupture of membranes and delivery. Eradication of ureaplasmas from the urogenital tract of women and their partners, ideally before conception, should be considered.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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04975396 Genuine Article#: UW468 Number of References: 16
Title: MATERNAL NON-PHENYLKETONURIC MILD HYPERPHENYLALANINEMIA (Abstract Available)
Author(s): LEVY HL; WAISBREN SE; LOBBREGT D; ALLRED E; LEVITON A; KOCH R; HANLEY WB; ROUSE B; MATALON R; DELACRUZ F
Corporate Source: CHILDRENS HOSP,IC SMITH 106,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/00000; CHILDRENS HOSP LOS ANGELES/LOS ANGELES//CA/90027; HOSP SICK CHILDREN/TORONTO/ON M5G 1X8/CANADA/; UNIV TEXAS/GALVESTON//TX/00000; CHILDRENS HOSP/MIAMI//FL/00000; NICHHD,NIH/BETHESDA//MD/20892
Journal: EUROPEAN JOURNAL OF PEDIATRICS, 1996, V155, S1 (JUL), PS20-S25
ISSN: 0340-6199
Language: ENGLISH Document Type: ARTICLE
Abstract: Unlike maternal phenylketonuria (PKU) which produces severe birth defects when untreated during pregancy, maternal non-PKU mild hyperphenylalaninemia (MHP) has a less severe impact but whether it is benign or may have long-term consequences for offspring has been unclear. From an international survey of maternal MHP we obtained information about 86 mothers (blood phenylalanine (Phe) 150-720 mu mol/l). their 219 untreated pregnancies and 173 offspring, Spontaneous fetal loss and congenital anomalies were no more frequent than normally expected. Median Z-scores for birth length and birth head circumference and offspring IQ (100), however, were significantly lower for maternal Phe > 400 mu mol/l than for maternal Phe < 400 mu mol/l, in which the median offspring IQ was 108. Data on maternal MHP from the prospective Maternal PKU Collaborative Study (MPKUCS) are as yet incomplete but seem to be conforming to the general pattern of the international survey. We conclude that maternal blood Phe levels above 400 mu mol/l in maternal MHP are associated with lower birth measurements and slightly lower offspring IQ. It would seem that dietary intervention to lower the maternal Phe levels to below 400 mu mol/l might be indicated in maternal MHP pregnancies with the higher blood Phe levels.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

04955945 Genuine Article#: UU672 Number of References: 40
Title: SURVIVAL OF CHILDREN WITH INFRATENTORIAL NEUROGLIAL TUMORS (Abstract Available)
Author(s): SOBEL EL; GILLES FH; LEVITON A; TAVARE CJ; HEDLEYWHYTE ET; RORKE LB; ADELMAN LS; BLANK WF; FULLING KH; BLAIR JD; DEMELLO D; SOTREL A; ORSINI EN; ISAACS H; HASHIDA Y; PRICE RA; YUNIS EJ; ZAIAS BW; BECKER LE ; DAVIS RL; DELEON GA; HUFF D; MESTRE G; SHAMSZADEH M
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED NEUROPATHOL,MS 43,4650 SUNSET BLVD/LOS ANGELES//CA/90027; UNIV SO CALIF,SCH MED,DEPT PREVENT MED BIOSTAT/LOS ANGELES//CA/00000; CHILDRENS HOSP,DEPT NEUROEPIDEMIOL/BOSTON//MA/00000; HARVARD UNIV,SCH MED/BOSTON//MA/00000; MASSACHUSETTS GEN HOSP,DEPT NEUROPATHOL/BOSTON//MA/02114; CHILDRENS HOSP PHILADELPHIA,DEPT NEUROPATHOL/PHILADELPHIA//PA/19104; UNIV PENN/PHILADELPHIA//PA/19104; TUFTS UNIV,NEW ENGLAND MED CTR HOSP,NEUROPATHOLLAB/BOSTON//MA/02111; BARNES & ST LOUIS CHILDRENS HOSP/ST LOUIS//MO/00000; CARDINAL GLENNON MEM HOSP/ST LOUIS//MO/00000; HARVARD UNIV,CHILDRENS HOSP/BOSTON//MA/02115; CHILDRENS HOSP DENVER/DENVER//CO/00000; CHILDRENS HOSP LOS ANGELES/LOS ANGELES//CA/00000; CHILDRENS HOSP PITTSBURGH/PITTSBURGH//PA/15213; HOSP SICK CHILDREN/TORONTO/ON M5G 1X8/CANADA/; UNIV SO CALIF,LOS ANGELES CTY MED CTR/LOS ANGELES//CA/90033; ST CHRISTOPHERS HOSP CHILDREN/PHILADELPHIA//PA/19133
Journal: NEUROSURGERY, 1996, V39, N1 (JUL), P45-54
ISSN: 0148-396X
Language: ENGLISH Document Type: ARTICLE
Abstract: OBJECTIVE: The goal of this study is the improvement of the prognostic information associated with conventional diagnoses. Our previous factor analysis of 26 reliably identified histological features in infratentorial childhood neuroglial tumors yielded five interpretable, uncorrelated, quantitative histological factors that we named spongy, fibrillary, proliferative, nuclear, and ring. Five quantitative scores, one for each of the five factors, provide an objective method for quantifying the histological heterogeneity of a tumor. The scores, alone or in conjunction with conventional diagnoses, identify groups of histologically homogeneous tumors.

METHODS: Multivariate Cox proportional hazards models were developed to assess the contribution of each factor to survival prognosis, after allowing patient-specific demographic and clinical data in the models as covariates. Hazard ratios, estimated for each statistically significant factor and covariate in the multivariate model, provide the basis for the determination of the prognosis. The hazard ratio is the ratio of the hazard function for subjects with an attribute, e.g., an age of 10 years, to the hazard function for subjects who have some chosen baseline attribute, e.g., an age of 1 year. The important criterion of this ratio is beta, a statistic estimated from the survival data in the Childhood Brain Tumor Consortium database of infratentorial neuroglial tumors. Kaplan-Meier survival curves were used to investigate differences in the survival of factor-determined subgroups of patients with various diagnoses.

RESULTS: An increased likelihood of survival is associated with older age, more tumor removal, more recent decade of surgical intervention, and high spongy and fibrillary factor scores. A decreased likelihood of survival is associated with high nuclear, proliferative, and ring factor scores. Gender, location within the infratentorial compartment, and subsequent treatment did not add prognostic information. For certain subgroups of astrocytoma and for ependymoma and medulloblastoma, factors are important in predicting survival with greater accuracy.

CONCLUSION: Factor scores provide clinically useful quantitative estimates of survival probability that are more specific and accurate than the general estimates based on the conventional diagnosis alone.

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Record - 36

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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04799520 Genuine Article#: UH758 Number of References: 52
Title: PERSISTENT PULMONARY-HYPERTENSION OF THE NEWBORN AND SMOKING AND ASPIRIN AND NONSTEROIDAL ANTIINFLAMMATORY DRUG CONSUMPTION DURING PREGNANCY (Abstract Available)
Author(s): VANMARTER LJ; LEVITON A; ALLRED EN; PAGANO M; SULLIVAN KF; COHEN A; EPSTEIN MF
Corporate Source: CHILDRENS HOSP,JOINT PROGRAM NEONATOL,DEPT PEDIAT,DIV NEONATOL,300 LONGWOOD AVE,HUNNEWELL 4/BOSTON//MA/02115; CHILDRENS HOSP,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP,DEPT NEWBORN MED/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/00000; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115; HLTH EFFECTS INST/CAMBRIDGE//MA/00000
Journal: PEDIATRICS, 1996, V97, N5 (MAY), P658-663
ISSN: 0031-4005
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective. Prenatal causation of persistent pulmonary hypertension of the newborn (PPHN) is suggested by a specific pattern of pulmonary vascular remodeling observed immediately after birth in some infants with fatal PPHN. The goal of this study was to determine whether PPHN is associated with fetal exposure to: (1) tobacco and marijuana smoking (ie, contributors to fetal hypoxemia), (2) consumption of aspirin and other nonsteroidal antiinflammatory drugs (ie, inhibitors of prostaglandin synthesis), and (3) cocaine use (ie, a contributor to vasospasm).

Design. Case-control interview study.

Setting. Two Harvard-affiliated newborn intensive care units.

Participants. Mothers of case infants who had PPHN or who met criteria for the referent group.

Interventions. During July 1985 through April 1989, we interviewed mothers of 103 infants with PPHN and 298 control infants. Because of potential selection bias that might result from recruiting only inborn control infants even though two-thirds of cases were outborn, separate analyses compared the 103 total and 35 inborn infants with PPHN with the 298 inborn control infants. Multivariate analyses were used to adjust for potential confounding factors, including maternal education and Medicaid health insurance (ie, two markers of socioeconomic status), other antenatal factors found to be associated with PPHN (ie, maternal urinary tract infection and diabetes mellitus), and the infant's sex.

Main Outcome Measures. Self-reported use or consumption of tobacco, marijuana, cocaine, aspirin, and other nonsteroidal antiinflammatory drugs during pregnancy.

Results. The adjusted odds ratios (and 95% confidence intervals) for maternal pregnancy exposures to the factors of principal interest among the total study population were: aspirin, 4.9 (1.6-15.3); and nonsteroidal antiinflammatory drugs, 6.2 (1.8-21.8); for the inborn group they were: aspirin, 9.6 (2.4-39.0); and nonsteroidal antiinflammatory drugs, 17.5 (4.3-71.6). Although the association between tobacco smoking during pregnancy and PPHN was elevated in univariate analyses, with odds ratios (and 95% confidence intervals) of 2.0 (1.2-3.4) and 1.3 (0.6-3.3) for total and inborn populations, respectively, the relationship was not significant after adjustment for

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all other factors in the final logistic regression model. Acknowledged illicit drug use was too infrequent (3.2%) to evaluate.

Conclusion. Maternal consumption of nonsteroidal antiinflammatory drugs and aspirin during pregnancy or the reasons these drugs were ingested seem to contribute to an increased risk of PPHN.

Record - 37

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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04489186 Genuine Article#: TG527 Number of References: 22
Title: AGE-RELATED-CHANGES IN DIAGNOSES, HISTOLOGICAL FEATURES, AND SURVIVAL IN CHILDREN WITH BRAIN-TUMORS - 1930-1979 (Abstract Available)
Author(s): GILLES FH; SOBEL EL; TAVARE CJ; LEVITON A; HEDLEYWHYTE ET
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL & LAB MED,4650 SUNSET BLVD,MS 43/LOS ANGELES//CA/90027; UNIV SO CALIF,SCH MED,DEPT PREVENT MED/LOS ANGELES//CA/90033; MASSACHUSETTS GEN HOSP/BOSTON//MA/02114; HARVARD UNIV,CHILDRENS HOSP/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: NEUROSURGERY, 1995, V37, N6 (DEC), P1056-1068
ISSN: 0148-396X
Language: ENGLISH Document Type: ARTICLE
Abstract: IN THE CHILDHOOD Brain Tumor Consortium database, the proportions of older children (greater than or equal to 11 yr) with pilocytic astrocytomas, fibrillary astrocytomas, and ependymomas significantly increased ($P < 0.05$) over the 50 years (1930-1979) of the study. The increased proportions of pilocytic astrocytomas occurred whether the tumors were located in the supratentorial or infratentorial compartments. The increases in fibrillary astrocytomas and ependymomas were found only within the supratentorial tumor location. Some histological features found in pilocytic astrocytomas (e.g., Rosenthal fibers, granular bodies, and very low cell density) were more likely to be found in older children. Other histological features were also more likely to be found in older children (e.g., parenchymal calcification, intertwined fascicles, intermediate and large-size nuclei, pleomorphic, elongated, or irregular nuclei, prominent nucleoli, multinucleated cells, thick hyaline blood vessels, hemosiderin, and parenchymal and perivascular lymphocytes). The probability of 5-year survival for young children with supratentorial ependymomas remained at similar to 0.4 in contrast to that for young children with infratentorial ependymomas, for whom it improved, but without significant linear trend. The probability of 5-year survival for both younger and older children with primitive neuroectodermal tumors (medulloblastomas) improved, but without significant linear trend. The changes in the proportions of childhood brain tumors and histological features occurred without similar changes in the proportions of older and younger children in the cities involved between 1930 and 1979. These changes were so distinctive as to raise the possibility of significant shifts in environmental exposures in younger and older children over the 50 years of this study.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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04317256 Genuine Article#: RV170 Number of References: 55
Title: MODELS OF DELAYED RECOVERY (Abstract Available)
Author(s): LEVITON A; BELLINGER D; PAGANO M; RABINOWITZ M
Corporate Source: HARVARD UNIV,CHILDRENS HOSP,SCH MED,NEUROEPIDEMIOL UNIT,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

HLTH/BOSTON//MA/02115
Journal: JOURNAL OF CHILD NEUROLOGY, 1995, V10, N5 (SEP), P385-391
ISSN: 0883-0738
Language: ENGLISH Document Type: ARTICLE
Abstract: After a biologic insult has impaired function of the developing central nervous system, recovery may not become apparent for years. Probability models adopted from the carcinogenesis, developmental neurobiology, learning decay, and stochastic process literatures are presented so that assumptions about apparent delays in the recovery process can be tested with data from longitudinal studies after a temporally circumscribed adverse event/exposure. This process of evaluating multiple models is exemplified with one data set. Nonlinear models of recovery are important because some children with early deficits first show improvement months to years later.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

04266603 Genuine Article#: QP082 Number of References: 0
Title: ILLNESS SEVERITY DURING THE 1ST 24 HOURS OF LIFE AND AN INCREASED INCIDENCE OF ROP, BPD AND IVH IN VLBW INFANTS
Author(s): ANDERSON C; RICHARDSON D; LEVITON A
Corporate Source: HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1995, V37, N4 (APR), PA248
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 40

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

04063757 Genuine Article#: RB480 Number of References: 34
Title: HYPOCAPNIA BEFORE SURFACTANT THERAPY APPEARS TO INCREASE BRONCHOPULMONARY DYSPLASIA RISK IN INFANTS WITH RESPIRATORY-DISTRESS SYNDROME (Abstract Available)
Author(s): GARLAND JS; BUCK RK; ALLRED EN; LEVITON A
Corporate Source: 5000 W CHAMBERS ST/MILWAUKEE//WI/53210; HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/00000; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115; CHILDRENS HOSP/BOSTON//MA/02115
Journal: ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE, 1995, V149, N6 (JUN)
, P617-622
ISSN: 1072-4710
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective: To determine to what extent the risk of bronchopulmonary dysplasia is affected by ventilatory management before the first dose of rescue artificial surfactant.

Study Design: Retrospective cohort study.

Subjects: One hundred eighty-eight low-birth-weight infants (less than or equal to 1700 g) who received artificial surfactant therapy for respiratory distress syndrome and who were alive at 36 weeks of gestational age.

Outcome: Bronchopulmonary dysplasia was defined by a need for supplemental oxygen to maintain an arterial saturation of 92% or more at 36 weeks of gestational age.

Results: Thirty-seven percent (70/188) of the cohort met study criteria for bronchopulmonary dysplasia. Early determinants

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

significantly associated with bronchopulmonary dysplasia (given as odds ratio, 95% confidence interval) in the most parsimonious backward stepwise logistic regression model included the following: birth weight of 1000 g or less (5.1, 2.4 to 10.7), cesarean birth because of fetal distress (4.4, 1.7 to 11.4),ventilatory efficiency index of 0.15 or less before surfactant therapy (3.1, 1.4 to 6.8), arterial-alveolar oxygen ratio of 0.15 or less before surfactant therapy (2.2, 1.01 to 4.6), and a low arterial PCO2 (less than or equal to 29 vs greater than or equal to 40 mm Hg, 5.6, 2.0 to 15.6; 30 to 39 vs greater than or equal to 40 mm Hg, 3.3, 1.3 to 8.3). The inverse relationship between hypocarbia and bronchopulmonary dysplasia persisted even in stratified analyses limited to infants with measures of cardiovascular or respiratory illness that suggested less severe manifestations of disease.

Conclusions: Ventilatory management before rescue treatment with artificial surfactant therapy that result in hypocarbia may increase the risk of bronchopulmonary dysplasia. These findings suggest that early ventilatory management should not only provide adequate oxygenation but also limit hyperventilation.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

04031848 Genuine Article#: RA032 Number of References: 25
Title: MATERNAL EXPOSURE TO N-NITROSATABLE DRUGS AS A RISK FACTOR FOR CHILDHOOD BRAIN-TUMORS (Abstract Available)
Author(s): CAROZZA SE; OLSHAN AF; FAUSTMAN EM; GULA MJ; KOLONEL LN; AUSTIN DF; WEST ED; WEISS NS; SWANSON GM; LYON JL; HEDLEYWHYTE T; GILLES FH; ASCHENBRENER C; LEVITON A
Corporate Source: UNIV N CAROLINA,DEPT EPIDEMIOL/CHAPEL HILL//NC/27599; UNIV WASHINGTON,DEPT ENVIRONM HLTH/SEATTLE//WA/98195; UNIV PITTSBURGH,DEPT BIOSTAT/PITTSBURGH//PA/15261; CANC RES CTR HAWAII,PROGRAM EPIDEMIOL/HONOLULU//HI/00000; CALIF DEPT HLTH SERV,CANC EPIDEMIOL UNIT/EMERYVILLE//CA/00000; NO CALIFORNIA CANC REGISTRY/ALAMEDA//CA/00000; UNIV WASHINGTON,DEPT EPIDEMIOL/SEATTLE//WA/98195; FRED HUTCHINSON CANC RES CTR/SEATTLE//WA/98104; MICHIGAN STATE UNIV,CTR COMPREHENS BREAST CANC/E LANSING//MI/00000; UNIV UTAH,DEPT FAMILY & COMMUNITY MED/SALT LAKECITY//UT/00000; MASSACHUSETTS GEN HOSP,DEPT NEUROPATHOL/BOSTON//MA/00000; CHILDRENS HOSP LOS ANGELES/LOS ANGELES//CA/90027; UNIV SO CALIF/LOS ANGELES//CA/00000; UNIV NEBRASKA,MED CTR/OMAHA//NE/00000; CHILDRENS HOSP/BOSTON//MA/00000; HARVARD UNIV,SCH MED/BOSTON//MA/00000
Journal: INTERNATIONAL JOURNAL OF EPIDEMIOLOGY, 1995, V24, N2 (APR), P 308-312
ISSN: 0300-5771
Language: ENGLISH Document Type: ARTICLE
Abstract: Background. Animal models suggest that compounds containing a nitrosyl group (N-nitroso compounds (NNO)) can act as potent transplacental carcinogens. Many common drug formulations have the potential to undergo nitrosation in vivo. The association between maternal use of nitrosatable drugs during pregnancy and development of brain tumours in the offspring was examined in a SEER-based case-control study.

Methods. Maternal exposure to nitrosatable drugs during pregnancy was compared among 361 childhood brain tumour cases and 1083 matched controls recruited through random-digit dialling.

Results. There was no increase in risk observed for childhood brain tumours overall (OR = 1.15; 95% CI : 0.69-1.94) or for astrocytomas

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individually (OR = 1.16; 95% CI : 0.50-2.69). A slight elevation in risk was noted for medulloblastomas (OR = 1.47; 95% CI : 0.28-7.62) and 'other' tumours (OR = 1.27; 95% CI : 0.56-2.86), however, both estimates were based on small numbers.

Conclusions. Our findings suggest that no increased risk of childhood brain tumours was associated with maternal exposure to nitrosatable drugs. The study results should be Viewed with caution given the imprecision of the point estimates as well as the lack of data on specific timing and dosage of exposure and degree of nitrosatability of drugs taken.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03996866 Genuine Article#: QX385 Number of References: 0
Title: QUANTITATIVE HISTOLOGIC GROUPS IN CHILDHOOD SUPRATENTORIAL TUMORS
Author(s): GILLES FH; SOBEL EL; TAVARE CJ; LEVITON A; HEDLEYWHYTE ET
Corporate Source: UNIV SO CALIF/LOS ANGELES//CA/90089; HARVARD UNIV,SCH MED/BOSTON//MA/00000
Journal: JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY, 1995, V54, N3 (MAY), P421
ISSN: 0022-3069
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 43

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03805967 Genuine Article#: QG219 Number of References: 39
Title: EFFECT OF MATERNAL GLUCOCORTICOID EXPOSURE ON RISK OF SEVERE INTRAVENTRICULAR HEMORRHAGE IN SURFACTANT-TREATED PRETERM INFANTS (Abstract Available)
Author(s): GARLAND JS; BUCK R; LEVITON A
Corporate Source: 500 W CHAMBERS ST/MILWAUKEE//WI/53210; HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/00000; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115; CHILDRENS HOSP/BOSTON//MA/02115
Journal: JOURNAL OF PEDIATRICS, 1995, V126, N2 (FEB), P272-279
ISSN: 0022-3476
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective: To determine whether the reduced risk of severe intraventricular hemorrhage (SIVH) that follows antenatal maternal glucocorticoid (AMG) receipt is mediated by an AMG effect on blood pressure or improved respiratory function in infants who receive artificial surfactant as rescue therapy.

Design: Retrospective cohort study.

Setting: Two level III neonatal intensive care units, Boston, Mass.

Participants: Two hundred twenty-five infants less than or equal to 32 weeks of gestational age and less than or equal to 1.7 kg birth weight, treated with surfactant.

Main findings: SIVH occurred in 10% (10/102) of infants who were exposed to AMG, compared with 23% (25/111) of infants not exposed (odds ratio, 0.4; 95% confidence interval, 0.2 to 0.8). Hypotension and need for colloid or dopamine were associated with both SIVH and the absence of AMG exposure (p less than or equal to 0.03), Logistic regression models of SIVH risk and AMG exposure, with adjustment for antenatal potential confounders, were altered by the addition of measures of

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hypotension, Most clinical measures of pulmonary function, both before and after surfactant receipt, were not associated with reduced risk of SIVH and did not appear to account for the increased risk of SIVH in babies not exposed to AMG.

Conclusion: The reduced risk of SIVH in preterm newborn infants whose mothers received AMG was associated with normal blood pressures. The association between AMG and SIVH was not consistently enhanced by respiratory function improvement after surfactant therapy.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03773539 Genuine Article#: QE300 Number of References: 20
Title: MATERNAL METABOLIC CONTROL AND RISK OF MICROCEPHALY AMONG INFANTS OF DIABETIC MOTHERS (Abstract Available)
Author(s): GREENE MF; ALLRED EN; LEVITON A
Corporate Source: MASSACHUSETTS GEN HOSP,DEPT OBSTET & GYNECOL,32FRUIT ST/BOSTON//MA/02114; MASSACHUSETTS GEN HOSP,DEPT OBSTET GYNECOL & REPROD BIOL/BOSTON//MA/02114; HARVARD UNIV,SCH MED,JOSLIN DIABET CTR/BOSTON//MA/02114; CHILDRENS HOSP,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115
Journal: DIABETES CARE, 1995, V18, N2 (FEB), P166-169
ISSN: 0149-5992
Language: ENGLISH Document Type: ARTICLE
Abstract: OBJECTIVE- To measure the incidence of microcephaly among infants of diabetic mothers (IDM) and assess its relationship to metabolic control during pregnancy.

RESEARCH DESIGN AND METHODS- Head circumference data for 556 consecutive live-born singleton infants of women with insulin-requiring diabetes antedating pregnancy delivered between 28 and 40 weeks of gestation and the results of 3,242 HbA(1) determinations collected during their pregnancies were examined.

RESULTS- There were fewer head circumferences al or below the 3rd percentile and more at or above the 97th percentile than expected. Head circumference was not related to maternal metabolic control as documented by the HbA(1) values.

CONCLUSIONS- The less-than-expected incidence of microcephaly observed in this patient population probably reflects the well-known tendency of IDM toward macrosomia.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03653770 Genuine Article#: PW051 Number of References: 28
Title: MATERNAL MILD HYPERPHENYLALANINEMIA - AN INTERNATIONAL SURVEY OF OFFSPRING OUTCOME (Abstract Available)
Author(s): LEVY HL; WAISBREN SE; LOBBREGT D; ALLRED E; SCHULER A; TREFZ FK; SCHWEITZER SM; SARDHARWALLA IB; WALTER JH; BARWELL BE; BERLIN CM; LEVITON A
Corporate Source: CHILDRENS HOSP,IC SMITH ROOM 106/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/00000; PKU LAB/BUDAPEST//HUNGARY/; UNIV HEIDELBERG/HEIDELBERG//GERMANY/; CHILDRENS HOSP/HANNOVER//GERMANY/; ROYAL MANCHESTER CHILDRENS HOSP/MANCHESTER/LANCS/ENGLAND/; SHEFFIELD CHILDRENS HOSP,REG NEONATAL SCREENINGLAB/SHEFFIELD/S YORKSHIRE/ENGLAND/ ; PENN STATE UNIV,MILTON S HERSHEY MED CTR/HERSHEY//PA/17033
Journal: LANCET, 1994, V344, N8937 (DEC 10), P1589-1594

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

ISSN: 0140-6736
Language: ENGLISH Document Type: ARTICLE
Abstract: Maternal phenylketonuria (PKU) has adverse effects on the offspring including microcephaly, mental retardation, congenital heart disease, and intrauterine growth retardation. Maternal non-PKU mild hyperphenyalaninaemia (MHP) is believed to be benign, but whether there may be long-term consequences to offspring is unclear. In an international survey we have obtained information about 86 MHP mothers with MHP (blood phenylalanine 167-715 mu mol/L), their 219 untreated pregnancies, and 173 offspring.

Spontaneous fetal loss (13% of pregnancies), congenital heart disease (2.3% of offspring), and severe non-cardiac anomalies (2.9% of offspring) occurred at frequencies within expected limits for the general population. For weight and length at birth the median percentile was the 50th but that for birth head circumference was the 25th. Median z-scores for birth length and head circumference were significantly lower for offspring of mothers with phenylalanine concentrations above 400 mu mol/L than for those whose mothers had lower values ($p=0.05$ and $p=0.005$, respectively). The median intelligence quotient (IQ) of the offspring (3-27 years) was 100 for those whose mothers had higher phenylalanine concentrations and 108 for those of the lower phenylalaninaemia group. However, offspring IQ correlated slightly more closely with maternal IQ ($r=0.53$, $p<0.01$) than with maternal phenylalanine concentration ($r=0.45$, $p=0.02$).

Maternal MHP does not seem to have serious consequences for the fetus. A maternal phenylalanine concentration of less than 400 mu mol/L does not warrant intervention. Nevertheless, maternal blood phenylalanine above this value is associated with slightly lower birth measurements and offspring IQ than lower maternal blood phenylalanine concentrations.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

03587913 Genuine Article#: PP520 Number of References: 63
Title: HISTOLOGIC FEATURE RELIABILITY IN CHILDHOOD NEURAL TUMORS (Abstract Available)
Author(s): GILLES FH; SOBEL EL; LEVITON A; TAVARE CJ; HEDLEYWHYTE ET; BLANK WF; FULLING KH; BLAIR JD; DEMELLO D; SOTREL A; ORSINI EN; ISAACS H; RORKE LB; HASHIDA Y; PRICE RA; YUNIS EJ; ZAIAS BW; BECKER LE; DAVIS RL; DELEON GA; HUFF D; MESTRE G; SHAMSZADEH M; ADELMAN LS; AVERILL RD; DEGIROLAMI U; KLEINMAN GM; MORRIS JH; RICHARDSON EP; SCHOENE WC; SMITH TW; SOBEL RA; KENNEY C; MORELLI D; SOBEL E
Corporate Source: CHILDRENS HOSP LOS ANGELES,DEPT PATHOL,4650 SUNSET BLVD/LOS ANGELES//CA/90027; CHILDRENS HOSP LOS ANGELES,MED LAB/LOS ANGELES//CA/00000; UNIV SO CALIF,SCH MED/LOS ANGELES//CA/00000; UNIV SO CALIF,SCH MED,DEPT PREVENT MED/LOS ANGELES//CA/90033; CHILDRENS HOSP/BOSTON//MA/00000; MASSACHUSETTS GEN HOSP/BOSTON//MA/00000; BARNES & ST LOUIS CHILDRENS HOSP/ST LOUIS//MO/00000; CARDINAL GLENNON MEM HOSP CHILDREN/ST LOUIS//MO/00000; CHILDRENS HOSP/DENVER//CO/00000; CHILDRENS HOSP PHILADELPHIA/PHILADELPHIA//PA/00000; CHILDRENS HOSP PITTSBURGH/PITTSBURGH//PA/00000; HOSP SICK CHILDREN/TORONTO/ON/CANADA/; UNIV SO CALIF,MED CTR/LOS ANGELES//CA/00000; TUFTS UNIV,SCH MED/MEDFORD//MA/02155; UNIV MICHIGAN,SCH MED/ANN ARBOR//MI/48109; UNIV CALIF SAN FRANCISCO/SAN FRANCISCO//CA/00000; UNIV MASSACHUSETTS,SCH MED/AMHERST//MA/01003; HARVARD UNIV,SCH MED/BOSTON//MA/00000; UNIV CONNECTICUT,YALE MED SCH/STORRS//CT/06269; UNIV PENN,SCH MED/PHILADELPHIA//PA/19104
Journal: JOURNAL OF NEUROPATHOLOGY AND EXPERIMENTAL NEUROLOGY, 1994, V53, N6 (NOV), P559-571

PM3001180770

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

ISSN: 0022-3069
Language: ENGLISH Document Type: ARTICLE
Abstract: We studied intraobserver reproducibility in recognizing the presence or absence of 57 histologic features or patterns in a random subset of tumors (822) from the Childhood Brain Tumor Consortium database. The study protocol maximized consistency of the observer. We found that only six histologic features had high (greater than or equal to 0.75) reliability estimates while a large number had intermediate estimates of 0.50-0.74. Supratentorial or infratentorial tumor location sometimes altered reliability. Reliability estimates were unacceptable for certain histologic features often used as diagnostic criteria, descriptors of tumor characteristics, or markers of anaplasia. We hypothesize that low reliability reflects, in part, the need for more specific operational definitions, particularly those with subjective boundaries (e.g. the cellular density constituting the histologic boundary between high and intermediate cell density). Rarity of a feature in the microscopic section (e.g. granular bodies) may also contribute to low reliability. We also show that the kappa statistic, a commonly used measure of reliability, is inappropriate for very common or uncommon histologic features (e.g. features at the extremes of prevalence in the study cases) and we offer a simple empiric method for determining when an alternative measure, the Jaccard statistic, is appropriate.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03416541 Genuine Article#: PD244 Number of References: 0
(NO REFS KEYED)
Title: CORRELATES OF DECAFFEINATED COFFEE CHOICE (Abstract Available)
Author(s): LEVITON A; ALLRED EN
Corporate Source: CARNEGIE 2,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/00000
Journal: EPIDEMIOLOGY, 1994, V5, N5 (SEP), P537-540
ISSN: 1044-3983
Language: ENGLISH Document Type: NOTE
Abstract: We sought to identify the illness risk factors associated with consumption of decaffeinated coffee in a sample of 2,677 adults. Women who drank decaffeinated coffee exclusively were more likely than other women to consume vitamin supplements and cruciferous vegetables, to sue seat belts routinely, and to exercise regularly. among men, those who drank decaffeinated coffee exclusively were more likely than others to have a low body mass index and to consume a low-fat diet and cruciferous vegetables. We conclude that people who drink decaffeinated coffee differ from others in ways that might provide information about the risk of illnesses.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03180913 Genuine Article#: NL456 Number of References: 41
Title: WHY THOSE WHO DRINK THE MOST COFFEE APPEAR TO BE AT INCREASED RISK OF DISEASE - A MODEST PROPOSAL (Abstract Available)
Author(s): LEVITON A; PAGANO M; ALLRED EN; ELLOZY M
Corporate Source: GARDNER 445,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115
Journal: ECOLOGY OF FOOD AND NUTRITION, 1994, V31, N3-4, P285-293
ISSN: 0367-0244
Language: ENGLISH Document Type: ARTICLE

PM3001180771

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Abstract: A sample of 2,706 adults, considered representative of the United States, was interviewed by telephone about coffee consumption and about experiences and personal characteristics that have been considered antecedents or risk factors of vascular diseases and malignancies. Consumption of more than 5.6 cups per day placed a person in the top quartile of total daily coffee. People in the top quartile of caffeine-containing coffee consumption averaged 429 mg of caffeine in coffee each day and were more likely than others to smoke cigarettes, and less likely to take vitamin supplements and to consume a "healthy" diet (i.e., containing large amounts of fiber, vitamins and cruciferous vegetables, and small amounts of fat). Thus, the heightened risk of disease sometimes associated with coffee consumption might reflect the characteristics and disease-promoting activities of some drinkers and not necessarily their consumption of caffeine and coffee. The findings of this study are consistent with the hypothesis that drinkers of relatively large amounts of coffee are less likely than others to feel the need for health-promoting behaviors.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03160786 Genuine Article#: NG779 Number of References: 0
Title: ANTENATAL AND PERINATAL FACTORS AND THEIR CONTRIBUTION TO THE EPIDEMIOLOGY OF PERSISTENT PULMONARY-HYPERTENSION OF THE NEWBORN
Author(s): VANMARTER LJ; LEVITON A; PAGANO M; ALLRED EN
Corporate Source: HARVARD UNIV,CHILDRENS HOSP,CHILDRENS HOSP,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1994, V35, N4 (APR), PA289
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 50

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

03160777 Genuine Article#: NG779 Number of References: 0
Title: VISUAL-ACUITY, FIELDS AND NOVELTY PREFERENCE IN VLBW INFANTS - RELATIONSHIP TO PERIVENTRICULAR WHITE-MATTER DAMAGE
Author(s): STEWART JE; MAYER DL; RAYE K; ALLRED EN; MCCORMICK MC; LEVITON A
Corporate Source: HARVARD UNIV,CHILDRENS HOSP,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1994, V35, N4 (APR), PA288
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03160629 Genuine Article#: NG779 Number of References: 0
Title: DOES DEXAMETHASONE INCREASE RISK OF RETINOPATHY OF PREMATURITY (ROP)
Author(s): ANDERSON C; RICHARDSON D; STEWART J; LEVITON A
Corporate Source: HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1994, V35, N4 (APR), PA263
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

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PM3001180772

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03160628 Genuine Article#: NG779 Number of References: 0
Title: ARE THERE 2 CAUSAL PATHWAYS TO RETINOPATHY OF PREMATURITY (ROP)
Author(s): ANDERSON C; RICHARDSON D; STEWART J; LEVITON A
Corporate Source: HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1994, V35, N4 (APR), PA263
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 53

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03160627 Genuine Article#: NG779 Number of References: 0
Title: PREDICTING RETINOPATHY OF PREMATURITY FROM NICU ADMISSION DATA
Author(s): ANDERSON C; RICHARDSON D; STEWART J; LEVITON A
Corporate Source: HARVARD UNIV,SCH MED,JOINT PROGRAM NEONATOL/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1994, V35, N4 (APR), PA263
ISSN: 0031-3998
Language: ENGLISH Document Type: MEETING ABSTRACT

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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03041504 Genuine Article#: MY997 Number of References: 19
Title: HEADACHE RECURRENCE IN PREGNANT-WOMEN WITH MIGRAINE (Abstract Available)
Author(s): CHEN TC; LEVITON A
Corporate Source: FED BLDG,ROOM 720,7550 WISCONSIN AVE/BETHESDA//MD/20892; HARVARD UNIV,SCH MED/BOSTON//MA/02115; NINCDS,BIOMETRY & FIELD STUDIES BRANCH/BETHESDA//MD/20892; CHILDRENS HOSP MED CTR/BOSTON//MA/02115
Journal: HEADACHE, 1994, V34, N2 (FEB), P107-110
ISSN: 0017-8748
Language: ENGLISH Document Type: ARTICLE
Abstract: The goal of this study was to evaluate to what extent pregnancy influences headache recurrence in women with a diagnosis of migraine at, or before, their first prenatal visit. Data from the large, prospective Collaborative Perinatal Project of 55,000 pregnancies were reviewed. Less than 2% of women in the sample of first study pregnancies were considered to have migraine at their initial prenatal visit (n=508). Of the 484 women with a complete data set, 17% experienced complete cessation of headache throughout pregnancy and another 62% experienced two or fewer headaches in the third trimester. These observations lead to the conclusion that many migraineurs (79% in this sample) experience improvement in headache recurrence during pregnancy. Only 21% experienced no improvement at all. No demographic or obstetrical factor was associated with headache improvement.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02993630 Genuine Article#: MY538 Number of References: 34
Title: THE ROLE OF FAMILY HISTORY IN RISK OF CHILDHOOD BRAIN-TUMORS (Abstract Available)
Author(s): GOLD EB; LEVITON A; LOPEZ R; AUSTIN DF; GILLES FH; HEDLEYWHYTE

PM3001180773

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

ET; KOLONEL LN; LYON JL; SWANSON GM; WEISS NS; WEST DW; ASCHENBRENER C
Corporate Source: UNIV CALIF DAVIS,INST TOXICOL & ENVIRONM HLTH,DIV OCCUPAT & ENVIRONM MED & EPIDEMIOL/DAVIS//CA/95616; CHILDRENS HOSP/BOSTON//MA/00000; HARVARD UNIV,SCH MED/BOSTON//MA/02114; CALIF DEPT HLTH SERV/EMERYVILLE//CA/00000; CHILDRENS HOSP LOS ANGELES/LOS ANGELES//CA/90027; UNIV SO CALIF/LOS ANGELES//CA/00000; MASSACHUSETTS GEN HOSP/BOSTON//MA/02114; CANC RES CTR HAWAII/HONOLULU//HI/96813; UNIV UTAH/SALT LAKE CITY//UT/00000; MICHIGAN STATE UNIV/E LANSING//MI/48824; UNIV WASHINGTON/SEATTLE//WA/98195; NO CALIF CANC CTR/UNION CITY//CA/00000; NEBRASKA MED CTR/OMAHA//NE/00000
Journal: CANCER, 1994, V73, N4 (FEB 15), P1302-1311
ISSN: 0008-543X
Language: ENGLISH Document Type: ARTICLE
Abstract: Background. Although brain tumors are the second most frequent malignancy in children, relatively little is known about the role of family history in risk of these tumors.

Methods. Children under the age of 18 years (n = 361) in whom primary brain tumors were diagnosed were identified from eight United States population-based Surveillance, Epidemiology, and End Results registries and compared to matched controls (n = 1083) identified by random-digit dialing. Information regarding family history of birth defects or tumors was obtained, along with data on other potential risk factors, from interviews with the mothers and fathers of the index children.

Results. No significant differences were found in family history of epilepsy. However, moderate elevations in risk were observed for a history of birth defects in maternal relatives, particularly for female propositi. Significantly more mothers (odds ratio [OR] = 1.63, 95% confidence limits [CL] = 1.03, 2.57) and maternal female relatives (OR = 2.15, 95% CL = 1.14, 4.06) of cases than of controls were reported to have had birth defects. History of birth defects in maternal relatives was particularly associated with childhood brain tumors of "other" (not astrocytoma or medulloblastoma) histologic type (OR = 2.37, 95% CL = 1.25, 4.53) and infratentorial tumors (OR = 1.76, 95% CL = 1.06, 2.93). Slight excesses of tumors were observed in paternal relatives of children with astrocytomas (OR = 1.43, 95% CL 0.93, 2.20) or with infratentorial tumors (OR = 1.46, 95% CL 0.97, 2.20). Risk of childhood brain tumors did not increase with the number of relatives affected with brain tumors, breast cancer, leukemia or lymphoma, soft tissue sarcomas, or all of these tumor types combined (the Li-Fraumeni syndrome).

Conclusions. These findings suggest a modest increase in risk of childhood brain tumors associated with maternal family history of birth defects. Family history of tumors does not appear to contribute appreciably to an increased risk of brain tumors in children.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02913376 Genuine Article#: MQ863 Number of References: 146
Title: CEREBRAL-PALSY
Author(s): KUBAN KCK; LEVITON A
Corporate Source: CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT,300 LONGWOOD AVE/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: NEW ENGLAND JOURNAL OF MEDICINE, 1994, V330, N3 (JAN 20), P188-195
ISSN: 0028-4793
Language: ENGLISH Document Type: REVIEW

PM3001180774

Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

02746919 Genuine Article#: MA660 Number of References: 36
Title: RELATIONSHIPS BETWEEN SERIAL BLOOD LEAD LEVELS AND EXFOLIATED TOOTH DENTIN LEAD LEVELS - MODELS OF TOOTH LEAD KINETICS (Abstract Available)
Author(s): RABINOWITZ MB; LEVITON A; BELLINGER D
Corporate Source: MARINE BIOL LAB/WOODS HOLE//MA/02543; CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115
Journal: CALCIFIED TISSUE INTERNATIONAL, 1993, V53, N5 (NOV), P338-341
ISSN: 0171-967X
Language: ENGLISH Document Type: ARTICLE
Abstract: Because bones and permanent teeth accumulate lead, exfoliated deciduous teeth have been utilized as retrospective markers of cumulative exposure in epidemiological surveys. In this paper we describe four models of lead uptake by the coronal dentin of shed primary teeth, each with different assumptions and ramifications. Each model is characterized by different relationships between blood lead at several ages and tooth lead. Values observed in our cohort of normal Boston children are most compatible with models positing the largest lead contribution coming at older ages (i.e., closer to age at exfoliation). Characteristics of models incompatible with our data include (1) lead deposition only during initial calcification and (2) no loss or resorption of lead.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02698438 Genuine Article#: LW335 Number of References: 0
Title: MATERNAL MILD HYPERPHENYLALANINEMIA (MHP) - OFFSPRING OUTCOME IN RELATION TO THE MATERNAL BLOOD PHENYLALANINE (PHE) LEVEL
Author(s): LEVY HL; WAISBREN SE; LOBBREGT D; LEVITON A
Corporate Source: HARVARD UNIV,CHILDRENS HOSP/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: AMERICAN JOURNAL OF HUMAN GENETICS, 1993, V53, N3 (SEP), P921
ISSN: 0002-9297
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 59

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02492529 Genuine Article#: LF210 Number of References: 45
Title: ANTENATAL CORTICOSTEROIDS APPEAR TO REDUCE THE RISK OF POSTNATAL GERMINAL MATRIX HEMORRHAGE IN INTUBATED LOW-BIRTH-WEIGHT NEWBORNS (Abstract Available)
Author(s): LEVITON A; KUBAN KC; PAGANO M; ALLRED EN; VANMARTER L
Corporate Source: CHILDRENS HOSP MED CTR/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115
Journal: PEDIATRICS, 1993, V91, N6 (JUN), P1083-1088
ISSN: 0031-4005
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective. To determine to what extent the reduced risk in preterm newborns of intracranial hemorrhage attributed to antenatal corticosteroids (ANCS) reflects reductions in the incidence of respiratory distress and its correlates.

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Methods. In a sample of 239 very low birth weight newborns recruited for a clinical trial of phenobarbital prophylaxis of subependymal/intraventricular hemorrhage, we explored the relationship between ANCS, the occurrence of germinal matrix hemorrhage (GMH) that first became evident after the 12th postnatal hour, and putative intervening variables such as acidosis, elevated peak inspiratory pressure, pneumothorax-pulmonary interstitial emphysema, and elevated continuous positive airway pressure.

Results. In multivariate models adjusting for confounders, newborns exposed to ANCS were at approximately one third the risk of GMH experienced by newborns not exposed to a full course of ANCS. The additions of measures and correlates of respiratory distress severity to these models did not change the GMH risk associated with ANCS.

Conclusion. The GMH-protective effect of ANCS does not appear to be a consequence of enhanced pulmonary maturation.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02399442 Genuine Article#: KY793 Number of References: 29
Title: PARENTAL SMOKING AND RISK OF CHILDHOOD BRAIN-TUMORS (Abstract Available)
Author(s): GOLD EB; LEVITON A; LOPEZ R; GILLES FH; HEDLEYWHYTE ET; KOLONEL LN; LYON JL; SWANSON GM; WEISS NS; WEST D; ASCHENBRENER C; AUSTIN DF
Corporate Source: UNIV CALIF DAVIS,ITEH,DIV OCCUPAT & ENVIRONM MED/DAVIS//CA/95616; CHILDRENS HOSP MED CTR/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP LOS ANGELES/LOS ANGELES//CA/00000; UNIV SO CALIF/LOS ANGELES//CA/90089; CANC RES CTR HAWAII/HONOLULU//HI/00000; UNIV UTAH/SALT LAKE CITY//UT/84112; MICHIGAN STATE UNIV/E LANSING//MI/48824; UNIV WASHINGTON/SEATTLE//WA/98195; FRED HUTCHINSON CANC RES CTR/SEATTLE//WA/98104; NO CALIF CANC REGISTRY/ALAMEDA//CA/00000; UNIV IOWA,COLL MED/IOWA CITY//IA/52242; CALIF DEPT HLTH SERV/EMERYVILLE//CA/00000
Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1993, V137, N6 (MAR 15), P 620-628
ISSN: 0002-9262
Language: ENGLISH Document Type: NOTE
Abstract: Data from a large, Population-based, case-control study were analyzed to assess the role of parental smoking in childhood brain tumors. Parents of 361 cases, newly diagnosed between January 1, 1977 and December 31, 1981 and ascertained from eight Surveillance, Epidemiology, and End Results (SEER) program registries, and 1,083 controls had been interviewed. No significant differences in risks were found to be associated with maternal or paternal smoking at any time (odds ratio (OR) = 0.92 for mothers and 1.06 for fathers), during the year of birth of the child (which included both the prenatal and postnatal periods) (ORs = 0.84 for <1 pack/day and 1.0 for greater-than-or-equal-to 1 pack/day for mothers, and 0.68 for <1 pack/day and 1.07 for greater-than-or-equal-to 1 pack/day for fathers), or 2 years before the child was born, i.e., the pre-conception period (ORs = 0.75 for <1 pack/day and 1.01 for greater-than-or-equal-to 1 pack/day for mothers, and 0.90 for <1 pack/day and 1.1 5 for greater-than-or-equal-to 1 pack/day for fathers). Mothers were also specifically asked if they smoked during the pregnancy, and no association was found compared with never smokers (OR = 1.08, 95% confidence interval (CI) 0.80-1.45) or for ever-smokers who continued to smoke during pregnancy compared with those who stopped smoking during pregnancy (OR = 1.15, 95% CI 0.75-1.78). Finally, no significant increase in risk of brain tumors was found for the child's passive

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exposure to parental smoking during the period from birth to diagnosis of the brain tumor in the case. The lack of an effect of parental smoking was observed for both the major histologic types and locations of brain tumors. These findings and those from earlier studies provide no support for the hypothesis that parental cigarette smoking influences the risk of brain tumors in children.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02330727 Genuine Article#: KT893 Number of References: 0
Title: VISUAL-FIELDS, ACUITY AND RECOGNITION MEMORY IN VERY-LOW-BIRTH-WEIGHT (VLBW) INFANTS
Author(s): MAYER D; STEWART J; RAYE K; MCCORMICK M; LEVITON A
Corporate Source: HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR/BOSTON//MA/02115
Journal: INVESTIGATIVE OPHTHALMOLOGY & VISUAL SCIENCE, 1993, V34, N4 (MAR 15), P1420
ISSN: 0146-0404
Language: ENGLISH Document Type: MEETING ABSTRACT

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

02255651 Genuine Article#: KN988 Number of References: 25
Title: THE BOSTON-TEACHER-QUESTIONNAIRE .3. A REASSESSMENT (Abstract Available)
Author(s): LEVITON A; BELLINGER D; ALLRED E
Corporate Source: CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115
Journal: JOURNAL OF CHILD NEUROLOGY, 1993, V8, N1 (JAN), P64-72
ISSN: 0883-0738
Language: ENGLISH Document Type: ARTICLE
Abstract: The prevalence of different types of dysfunction in school was assessed with the Boston Teacher Questionnaire, completed for 1923 children born 8 years earlier in a university-affiliated, maternity hospital. Cluster analyses of 15 items on the questionnaire resulted in six two-item clusters and one three-item cluster that were identical for girls and boys. We identified children as having a syndrome if they possessed all features of the cluster-defined syndrome. The most prevalent syndrome, consisting of both daydreaming and distractibility items, occurred in 18.5% of boys and 11.5% of girls. Boys were also more likely than girls to be identified as having the reading syndrome (11.6% and 7.7%, respectively), the hyperactivity/impulsivity syndrome (6.1% and 1.5%), and the syndrome characterized by frustration intolerance and peer problems (9.5% and 4.0%). The prevalences of the remaining three syndromes were similar in both sexes (arithmetic, 11.3% and 10.3%; difficulty following instructions, 5.1% and 4.7%; and the tasks syndrome [characterized by impersistence/dependence/inflexibility], 5.5% and 5.4%). More than 40% of boys and girls with one syndrome also had another. The lower prevalences in this sample than in an earlier-born sample assessed with the same instrument were confined to boys. Reasons for this temporal decrease in one sex only remain obscure. Girls with the reading syndrome were 10 times more likely, and boys with the reading syndrome were five times more likely, than their peers to receive special services and to have repeated a grade.

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02255650 Genuine Article#: KN988 Number of References: 23
Title: THE BOSTON-TEACHER-QUESTIONNAIRE .2. ASSESSMENTS OF VALIDITY (Abstract Available)
Author(s): LEVITON A; KIRBY C; GUILDWILSON M; NEFF RK
Corporate Source: CHILDRENS HOSP MED CTR,DEPT NEUROL,300 LONGWOODAVE/BOSTON//MA/02115; MARTIN ARMY COMMUNITY HOSP,DEPT FAMILY PRACTICE/FT BENNING//GA/00000; CASE WESTERN RESERVE UNIV,SCH MED,DEPT EPIDEMIOL & BIOSTAT/CLEVELAND//OH/44106; CASE WESTERN RESERVE UNIV,CASE INST TECHNOL,DEPT MATH/CLEVELAND//OH/44106; CASE WESTERN RESERVE UNIV,CASE INST TECHNOL,DEPT STAT/CLEVELAND//OH/44106; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115; EDUC COMMISS/SYDNEY//AUSTRALIA/
Journal: JOURNAL OF CHILD NEUROLOGY, 1993, V8, N1 (JAN), P54-63
ISSN: 0883-0738
Language: ENGLISH Document Type: ARTICLE
Abstract: We assessed the validity of the Boston Teacher Questionnaire in a sample of 3451 9-year-old children. Those identified by the questionnaire as having a learning difficulty syndrome were compared to those without any characteristic of that syndrome. The validity reference measures were individually administered neuropsychological assessments at age 7 years and a group-administered reading achievement test at age 9 years. Girls and boys with the reading syndrome had much lower reading scores at age 9 years than did their peers. Boys, but not girls, with the arithmetic syndrome were much more likely than their peers to have arithmetic scores more than one grade below the expected level at age 7 years. Girls and boys with the tasks syndrome, characterized by impersistence, dependence, and inflexibility, were more likely than those without any features of the syndrome to be classified as having little or no goal orientation by a neuropsychologist who assessed the children in an office setting. Similarly, the neuropsychologist was much more likely than expected to have classified children with the attention syndrome as having a short attention span, and to have classified boys, but not girls, with the hyperactivity syndrome as having an unusual/extreme level and nature of overactivity. Children with any syndrome were more likely than others to have low scores on components of the Wechsler Intelligence Scale for Children, items of the Bender-Gestalt Test that assessed integration and distortion, and measures of reading comprehension. We conclude that the Boston Teacher Questionnaire validly identifies children with learning problems.

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02255649 Genuine Article#: KN988 Number of References: 38
Title: THE BOSTON-TEACHER-QUESTIONNAIRE .1. DEFINITION OF SYNDROMES (Abstract Available)
Author(s): LEVITON A; GUILDWILSON M; NEFF RK; GAMBILL P
Corporate Source: CHILDRENS HOSP MED CTR,DEPT NEUROL,300 LONGWOODAVE/BOSTON//MA/02115; EDUC COMMISS/SYDNEY//AUSTRALIA/; EMPIRE BLUE CROSS BLUE SHIELD/NEW YORK//NY/00000; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115; CASE WESTERN RESERVE UNIV,SCH MED,DEPT EPIDEMIOL & BIOSTAT/CLEVELAND//OH/44106; CASE WESTERN RESERVE UNIV,CASE INST TECHNOL,DEPT MATH/CLEVELAND//OH/44106; CASE WESTERN RESERVE UNIV,CASE INST TECHNOL,DEPT STAT/CLEVELAND//OH/44106
Journal: JOURNAL OF CHILD NEUROLOGY, 1993, V8, N1 (JAN), P43-53
ISSN: 0883-0738
Language: ENGLISH Document Type: ARTICLE
Abstract: To obtain information about the academic function of 9-year-old

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

children from their school teachers, we created a short, forced-choice questionnaire that asked about the child's knowledge and use of arithmetic tables, reading, spelling, persistence at tasks, flexibility of approach, ability to function independently, distractibility, daydreaming, impulsivity and overexcitability, hyperactivity, and ability to follow simple and sequential directions. Questionnaires were collected from the teachers of 3451 white children whose mothers had enrolled in the National Collaborative Perinatal Project. Six syndromes in girls and five in boys were identified by both cluster and factor analyses of these data. Common to both sexes were five syndromes we labeled arithmetic, tasks (ie, impersistent/dependent/inflexible), reading, attention, and hyperactive. A syndrome characterized by difficulty following directions was seen in girls only. The prevalence of these syndromes ranged from a low for hyperactivity of 2.3 per 100 girls to a high for the attention syndrome of 27.6 per 100 boys. The congruent results obtained with clustering and factor analysis, and the agreement between the observed prevalence of syndromes and prior expectations suggests that the Boston Teacher Questionnaire, as this instrument is called, identifies learning problems in 9-year-old children.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02227804 Genuine Article#: KM331 Number of References: 51
Title: PRENATAL AND POSTNATAL LOW-LEVEL LEAD-EXPOSURE AND CHILDRENS DYSFUNCTION IN SCHOOL
Author(s): LEVITON A; BELLINGER D; ALLRED EN; RABINOWITZ M; NEEDLEMAN H; SCHOENBAUM S
Corporate Source: CHILDRENS HOSP MED CTR/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; MARINE BIOL LAB/WOODS HOLE//MA/02543; UNIV PITTSBURGH/PITTSBURGH//PA/15260
Journal: ENVIRONMENTAL RESEARCH, 1993, V60, N1 (JAN), P30-43
ISSN: 0013-9351
Language: ENGLISH Document Type: ARTICLE

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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02133058 Genuine Article#: KD277 Number of References: 82
Title: BEHAVIORAL-CORRELATES OF CAFFEINE CONSUMPTION BY CHILDREN
Author(s): LEVITON A
Corporate Source: GARDNER 445,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR/BOSTON//MA/02115
Journal: CLINICAL PEDIATRICS, 1992, V31, N12 (DEC), P742-750
ISSN: 0009-9228
Language: ENGLISH Document Type: ARTICLE

Record - 67

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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01993595 Genuine Article#: JR842 Number of References: 12
Title: MONTHLY VARIABILITY OF FIBROCYSTIC BREAST DISEASE AS ASSESSED BY PALPATION (Abstract Available)
Author(s): PAGANO M; LEVITON A; ALLRED E; HEYDN S
Corporate Source: HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR/BOSTON//MA/02115; DUKE UNIV,MED CTR/DURHAM//NC/27710

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Journal: BIOMETRICAL JOURNAL, 1992, V34, N6, P711-718
ISSN: 0323-3847
Language: ENGLISH Document Type: ARTICLE
Abstract: Breast nodules in women afflicted with "fibrocystic breast disease" show a variability in time. This paper proposes a Markov chain to model this temporal change. The model seems to fit the available data very well, if different parameters are used for pre- und post-menopausal women.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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01752626 Genuine Article#: HY116 Number of References: 32
Title: RATE OF BRONCHOPULMONARY DYSPLASIA AS A FUNCTION OF NEONATAL INTENSIVE-CARE PRACTICES (Abstract Available)
Author(s): VANMARTER LJ; PAGANO M; ALLRED EN; LEVITON A; KUBAN KCK
Corporate Source: CHILDRENS HOSP MED CTR,DIV NEWBORN MED & NEUROEPIDEMIOL,JOINT PROGRAM NEONATOL/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115
Journal: JOURNAL OF PEDIATRICS, 1992, V120, N6 (JUN), P938-946
Language: ENGLISH Document Type: ARTICLE
Abstract: Some differences among neonatal intensive care units (NICUs) in incidence of bronchopulmonary dysplasia may reflect variations in medical care practices. After adjusting for differences in the inherent risk of bronchopulmonary dysplasia among 223 infants of less than 1751 gm birth weight who were admitted to three Harvard-affiliated NICUs, we used multivariate analysis to explore the extent to which medical care practices during the first days of life varied with the rate of bronchopulmonary dysplasia. In our analyses, variables were grouped by three major hypotheses: oxygen toxicity, barotrauma, and fluid overload. The NICU designated 1 (the one with the highest rate of bronchopulmonary dysplasia) used much higher than expected colloidal volumes during the first 4 days of life; in contrast, in the NICU designated 3 (the one with the lowest rate of bronchopulmonary dysplasia), infants consistently received lower than expected amounts of colloidal solution. Signs of patent ductus arteriosus were also much more frequent than expected during this time at NICU 1; rates were much lower than predicted ot NICU 2 and were near predicted values at NICU 3. Maximum inspired oxygen fraction during the first 4 days varied significantly in a direction inconsistent with the oxygen toxicity hypothesis. Maximum arterial oxygen tension was significantly less than expected of the hospital with the lowest rate of bronchopulmonary dysplasia (NICU 3). None of six medical care practices indicating potential for barotrauma varied with NICU except for positive end-expiratory pressure, which varied in a direction suggesting a protective effect against bronchopulmonary dysplasia. These findings agree best with the hypothesis that differences in hydration during the first days of life account for some of the difference among NICUs in bronchopulmonary dysplasia occurrence.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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01701650 Genuine Article#: HU098 Number of References: 24
Title: PRENATAL BLOOD LEAD LEVELS AND LEARNING-DIFFICULTIES IN CHILDREN - AN ANALYSIS OF NON-RANDOMLY MISSING CATEGORICAL-DATA (Abstract Available)
Author(s): CONAWAY MR; WATERNAUX C; ALLRED E; BELLINGER D; LEVITON A
Corporate Source: DUKE UNIV,MED CTR,POB 3958/DURHAM//NC/27710; UNIV IOWA,DEPT STAT & ACTUARIAL SCI/IOWA CITY//IA/52242; HARVARD UNIV,SCH

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PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115; CHILDRENS HOSP MED CTR/BOSTON//MA/02115
Journal: STATISTICS IN MEDICINE, 1992, V11, N6 (APR), P799-811
Language: ENGLISH Document Type: ARTICLE
Abstract: This paper presents an analysis of categorical variables subject to non-response. We incorporate the incomplete data into the analysis by modelling the distribution of the variables of interest and the non-response mechanism. We discuss issues of model selection and interpretation and the effect of discarding incomplete observations. In addition, we describe how to perform all of the computations with standard statistical software. We discuss the problem of incomplete categorical data within the context of a study of the effect of lead exposure on learning difficulties in children. In this study, many of the children are not observed on some of the variables of interest. It is particularly important in this study to incorporate the incomplete data, since there is evidence that non-response is related to the variables of interest. We reach different conclusions when we incorporate the incomplete data into the analysis than we reach when we discard the incomplete data. We also examine the sensitivity of our conclusions to the choice of a model for the non-response mechanism.

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01637550 Genuine Article#: HN495 Number of References: 0
(NO REFS KEYED)
Title: PROBLEMS WITH DEFINITIONS AND CLASSIFICATIONS OF NEWBORN ENCEPHALOPATHY (Abstract Available)
Author(s): LEVITON A; NELSON KB
Corporate Source: CHILDRENS HOSP MED CTR,DEPT NEUROL,300 LONGWOODAVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; NINCDS,NEUROEPIDEMIOL BRANCH/BETHESDA//MD/20892
Journal: PEDIATRIC NEUROLOGY, 1992, V8, N2 (MAR-APR), P85-90
Language: ENGLISH Document Type: REVIEW
Abstract: Encephalopathy in the newborn has been classified in a manner suggesting that the etiology is known, such as hypoxic-ischemic and post-asphyxial encephalopathy. In the absence of evidence that most cases of newborn encephalopathy reflect these phenomena, we prefer the simple, descriptive terms, neonatal or newborn encephalopathy. Qualitative and quantitative grading schemes are described in this review and some of their potentially correctable limitations are discussed. The ideal grading scheme continues to be an unattained goal.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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01545111 Genuine Article#: HG529 Number of References: 2
Title: DEFINITION OF BRONCHOPULMONARY DYSPLASIA - REPLY
Author(s): VANMARTER LJ; LEVITON A; ALLRED EN; PAGANO M; KUBAN KCK
Corporate Source: HARVARD UNIV,CHILDRENS HOSP,SCH PUBL HLTH,DEPT BIOSTAT,DIV NEWBORN MED/BOSTON//MA/02115; HARVARD UNIV,CHILDRENS HOSP,SCH PUBL HLTH,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115
Journal: PEDIATRICS, 1992, V89, N3 (MAR), P523-524
Language: ENGLISH Document Type: LETTER

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

01459337 Genuine Article#: HA304 Number of References: 37
Title: MATERNAL TOXEMIA IS ASSOCIATED WITH REDUCED INCIDENCE OF GERMINAL MATRIX HEMORRHAGE IN PREMATURE BABIES (Abstract Available)
Author(s): KUBAN KCK; LEVITON A; PAGANO M; FENTON T; STRASSFELD R; WOLFF M
Corporate Source: CHILDRENS HOSP MED CTR,DEPT NEUROL,300 LONGWOODAVE/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: JOURNAL OF CHILD NEUROLOGY, 1992, V7, N1 (JAN), P70-76
Language: ENGLISH Document Type: ARTICLE
Abstract: To evaluate prenatal and perinatal risk factors for development of germinal matrix hemorrhage-intraventricular hemorrhage (GMH-IVH), we conducted a prospective epidemiologic study of 449 babies whose birth weight was less than 1501 grams. This study permitted us to test our previously generated hypothesis that babies born to mothers with preeclampsia were at substantially reduced risk of developing GMH-IVH. Seventy-two (16%) of the babies in this population developed GMH-IVH. One (2.5%) of the 40 mothers with a diagnosis of preeclampsia and 71 (17.4%) of 409 mothers without preeclampsia gave birth to babies who developed GMH-IVH. GMH-IVH was seen in 6/107 (5.6%) of babies born to women with hypertension including 4/69 (5.8%) of babies born to women with pregnancy-induced hypertension, compared to 66/352 (18.8%) of babies born to mothers who did not have hypertension. Only 7.3% (8/108) of babies born to women who had proteinuria had GMH-IVH, compared to 18.3% (64/350) of babies whose mothers did not have proteinuria. GMH-IVH was seen in 5/89 (5.6%) of babies whose mothers had both hypertension and proteinuria, whereas 63/332 (19%) of babies born to mothers who lacked both factors, developed GMH-IVH. In stepwise logistic regression analysis, these significant findings were not explained by the presence of labor, postnatal acidemia, need for intubation, antenatal administration of steroids, birth weight, or gestational age. In addition, we found that maternal receipt of magnesium sulfate was associated with diminished risk of GMH-IVH even in those babies born to mothers who apparently did not have preeclampsia. We postulate that the association of preeclampsia and GVH-IVH may be related to prostaglandin effects. Reduced maternal, placental, and umbilical prostaglandin I2 (PGI2) values are characteristic of women with preeclampsia. Thus, babies born to mothers with preeclampsia may have a physiologic state similar to those having received indomethacin, a cyclooxygenase blocker that causes diminished PGI2 levels and an effective GMH-IVH prophylactic agent. We conclude that early third-trimester maternal preeclampsia/toxemia is associated with reduced risk of GMH-IVH in the preterm newborn.

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01413463 Genuine Article#: GX450 Number of References: 41
Title: EPIDEMIOLOGY OF SEIZURES IN CHILDREN WITH BRAIN-TUMORS (Abstract Available)
Author(s): GILLES FH; SOBEL E; LEVITON A; HEDLEYWHYTE ET; TAVARE CJ; ADELMAN LS; SOBEL RA
Corporate Source: CHILDRENS HOSP,4650 SUNSET BLVD/LOS ANGELES//CA/90027; CHILDRENS HOSP MED CTR/BOSTON//MA/02115; TUFTS UNIV,SCH MED/BOSTON//MA/02111; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: JOURNAL OF NEURO-ONCOLOGY, 1992, V12, N1 (JAN), P53-68
Language: ENGLISH Document Type: ARTICLE
Abstract: We examined potential clinical and pathologic correlates of seizures among the 3,291 children in the Childhood Brain Tumor Consortium database. Fourteen percent had seizures prior to their hospitalization for a brain tumor. Among children who had a supratentorial tumor, seizures occurred in 22% of those less than 14

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years of age. The prevalence of seizures increased to 68% of older teenagers. Among children with an infratentorial tumor, the prevalence of seizures was relatively constant at 6% over all age groups. The onset of seizures began more than one year prior to surgical tumor removal in over half of the children aged five or more with supratentorial tumors, significantly longer than for those of the same age with infratentorial tumors. Almost all children (98.9%) with an infratentorial tumor and seizures had at least one other symptom and more than three-fourths of them had at least three. Eighty-nine percent of children with a supratentorial tumor and seizures had at least one other symptom and more than one-half had at least three symptoms. Regardless of whether the tumor was above or below the tentorium, confusion or stupor and coma were more common in children with seizures than in children without seizures. Among children with supratentorial tumors, symptoms of a declining academic performance or an abnormality of personality, speech, walking, or sensation were significantly more frequent in children with seizures, while visual symptoms (other than visual loss or diplopia) and nausea or vomiting were less frequent. Among children with supratentorial tumors, those who had seizures were more likely to have paralysis of an arm, hand, or face, confusion or stupor, or coma and less likely to exhibit irritability, papilledema, optic atrophy, decreased visual acuity, pupillary abnormalities, or abducens paresis. Among children with infratentorial tumors, those with seizures were significantly less likely to have truncal ataxia, but more likely to experience confusion, stupor. or coma. In the supratentorial compartment, astrocytoma (nos), protoplasmic astrocytoma, anaplastic astrocytoma, and ependymoma were more frequently associated with seizures than was craniopharyngioma. No infratentorial tumor type was more or less likely to be associated with seizures. All common tumor types that were represented in both the supratentorial and the infratentorial compartment except astrocytoma (nos) were associated with significantly greater rates of seizures when located in the supratentorial compartment. The tumor location with the highest incidence of seizures was, as expected, the superficial cerebrum. More than 40% of the children with such tumors had seizures. Simultaneous presence of tumor in cortex and thalamus, hypothalamus, or third ventricle appeared to modulate seizure rates significantly. Basal forebrain tumors involving diencephalon or optic chiasm or tracts were associated with much lower rates of seizures.

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01310259 Genuine Article#: GN260 Number of References: 109
Title: HOW MUCH OF NEONATAL ENCEPHALOPATHY IS DUE TO BIRTH ASPHYXIA (Abstract Available)
Author(s): NELSON KB; LEVITON A
Corporate Source: NINCDS,NEUROEPIDEMIOL BRANCH,7550 WISCONSIN AVE,ROOM 700/BETHESDA//MD/20892; CHILDRENS HOSP MED CTR/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: AMERICAN JOURNAL OF DISEASES OF CHILDREN, 1991, V145, N11, P 1325-1331
Language: ENGLISH Document Type: REVIEW
Abstract: In the literature on neonatal encephalopathy, the pervasive assumption is that once infants with major malformations or infections have been excluded, most of the remaining cases are due to birth asphyxia. Assessing the proportion of neonatal encephalopathy that is due to asphyxia during birth is difficult because of problems in defining asphyxia and neonatal encephalopathy and in recognizing the cause of neonatal neurologic illness. Available evidence indicates that neonatal neurologic signs are not strongly related to obstetric complications, signs of fetal distress, or biochemical markers usually

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considered to indicate perinatal asphyxia. Most studies that have sought positive evidence of independent markers of intrapartum asphyxia have found them to be absent in a large majority of neurologically symptomatic neonates. We conclude that the proportion of neonatal encephalopathy that is asphyxial in origin is not known but warrants examination, especially in view of the probable need in the near future to identify, on the basis of evidence available in the first hour or so of life, suitable candidates for clinical trials of powerful but risky treatments of birth asphyxia.

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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01009740 Genuine Article#: FN747 Number of References: 24
Title: WEIGHT-GAIN AND MATURITY IN FETUSES EXPOSED TO LOW-LEVELS OF LEAD
Author(s): BELLINGER D; LEVITON A; RABINOWITZ M; ALLRED E; NEEDLEMAN H; SCHOENBAUM S
Corporate Source: CHILDRENS HOSP MED CTR/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; WESTERN PSYCHIAT INST & CLIN/PITTSBURGH//PA/15261 ; UNIV PITTSBURGH,SCH MED/PITTSBURGH//PA/15261; HARVARD COMMUNITY HLTH PLAN/CAMBRIDGE//MA/02138
Journal: ENVIRONMENTAL RESEARCH, 1991, V54, N2, P151-158
Language: ENGLISH Document Type: ARTICLE

Record - 76

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00899045 Genuine Article#: FE038 Number of References: 0
Title: THE RATE OF BRONCHOPULMONARY DYSPLASIA VARIES WITH NEWBORN INTENSIVE-CARE PRACTICES
Author(s): VANMARTER LJ; PAGANO M; ALLRED EN; LEVITON A; KUBAN KCK
Corporate Source: HARVARD UNIV,SCH MED,CHILDRENS HOSP,DEPT PEDIAT/BOSTON//MA/02115
Journal: PEDIATRIC RESEARCH, 1991, V29, N4, PA269
Language: ENGLISH Document Type: MEETING ABSTRACT

Record - 77

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00785691 Genuine Article#: EW342 Number of References: 25
Title: LOW-LEVEL LEAD-EXPOSURE AND CHILDRENS COGNITIVE FUNCTION IN THE PRESCHOOL YEARS
Author(s): BELLINGER D; SLOMAN J; LEVITON A; RABINOWITZ M; NEEDLEMAN HL; WATERNAUX C
Corporate Source: CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT,GARDNER HOUSE,300 LONGWOOD AVE/BOSTON//MA/02115; MARINE BIOL LAB/WOODS HOLE//MA/02543; HARVARD UNIV,MCLEAN HOSP,SCH MED/BELMONT//MA/02178; UNIV PITTSBURGH,SCH MED,WESTERN PSYCHIAT INST &CLIN/PITTSBURGH//PA/15261; WHEELOCK COLL/BOSTON//MA/00000
Journal: PEDIATRICS, 1991, V87, N2, P219-227
Language: ENGLISH Document Type: ARTICLE

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00766048 Genuine Article#: EV023 Number of References: 23

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Title: ANTECEDENTS AND CORRELATES OF IMPROVED COGNITIVE PERFORMANCE IN CHILDREN EXPOSED INUTERO TO LOW-LEVELS OF LEAD
Author(s): BELLINGER D; LEVITON A; SLOMAN J
Corporate Source: CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT,GARDNER HOUSE,300 LONGWOOD AVE/BOSTON//MA/02115; WHEELOCK COLL/BOSTON//MA/02115 ; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: ENVIRONMENTAL HEALTH PERSPECTIVES, 1990, V89, NOV, P5-11
Language: ENGLISH Document Type: ARTICLE

Record - 79

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00762892 Genuine Article#: EU670 Number of References: 46
Title: THE EPIDEMIOLOGY OF GERMINAL MATRIX HEMORRHAGE DURING THE 1ST HALF-DAY OF LIFE
Author(s): LEVITON A; PAGANO M; KUBAN KCK; KRISHNAMOORTHY KS; SULLIVAN KF; ALLRED EN
Corporate Source: CHILDRENS HOSP MED CTR,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; MASSACHUSETTS GEN HOSP/BOSTON//MA/02114
Journal: DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, 1991, V33, N2, P 138-145
Language: ENGLISH Document Type: ARTICLE

Record - 80

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00727014 Genuine Article#: ER168 Number of References: 26
Title: LABOR AND DELIVERY CHARACTERISTICS AND THE RISK OF GERMINAL MATRIX HEMORRHAGE IN LOW-BIRTH-WEIGHT INFANTS (Abstract Available)
Author(s): LEVITON A; FENTON T; KUBAN KCK; PAGANO M
Corporate Source: CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115 ; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115
Journal: JOURNAL OF CHILD NEUROLOGY, 1991, V6, N1, P35-40
Language: ENGLISH Document Type: ARTICLE
Abstract: To assess the influence of labor and delivery events on the risk of germinal matrix hemorrhage in preterm newborns, we conducted a review of data collected on 449 babies who weighed 1.5 kb or less. Babies delivered vaginally were more likely to have germinal matrix hemorrhage than were babies delivered abdominally (odds ratio, 2.5; 96% confidence interval, 1.4,3.3). Among babies delivered vaginally, the risk of germinal matrix hemorrhage was increased by 39% if labor lasted more than 12 hours. Among babies delivered abdominally, the occurrence of any labor was accompanied by a 150% increased risk of germinal matrix hemorrhage. The only indication of abdominal delivery associated with an increased risk of germinal matrix hemorrhage was impending amnionitis (odds ratio, 2.6; 95% confidence interval, 1.2, 5.7), whereas the only indication associated with a decreased risk was preeclampsia (odds ratio, 0.2; 95% confidence interval, 0.6). Epidural and local anesthesia were associated with a reduced risk of germinal matrix hemorrhage among babies delivered abdominally. We conclude that delivery practices, or their indications, appear to influence the risk of germinal matrix hemorrhage in low birth weight babies.

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00629747 Genuine Article#: EG982 Number of References: 42
Title: ASTHMA AND ECZEMA IN CHILDREN BORN TO WOMEN WITH MIGRAINE
Author(s): CHEN TC; LEVITON A
Corporate Source: NINCDS,BIOMETRY & FIELD STUDIES BRANCH,ROOM 720/BETHESDA//MD/20892; HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,DEPT NEUROL/BOSTON//MA/02115
Journal: ARCHIVES OF NEUROLOGY, 1990, V47, N11, P1227-1230
Language: ENGLISH Document Type: ARTICLE

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00617662 Genuine Article#: EG131 Number of References: 135
Title: WHITE MATTER DAMAGE IN PRETERM NEWBORNS - AN EPIDEMIOLOGIC PERSPECTIVE
Author(s): LEVITON A; PANETH N
Corporate Source: CHILDRENS HOSP MED CTR,DEPT NEUROL,300 LONGWOODAVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED,DEPT NEUROL/BOSTON//MA/02115; MICHIGAN STATE UNIV,COLL HUMAN MED,PROGRAM EPIDEMIOL/E LANSING//MI/48824; MICHIGAN STATE UNIV,COLL HUMAN MED,DEPT PEDIAT/E LANSING//MI/48824
Journal: EARLY HUMAN DEVELOPMENT, 1990, V24, N1, P1-22
Language: ENGLISH Document Type: REVIEW

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00570058 Genuine Article#: EC892 Number of References: 2
Title: FILE DRAWERS, P-VALUES AND EFFICACY OF DRUGS
Author(s): PAGANO M; LEVITON A
Corporate Source: HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: JOURNAL OF CLINICAL EPIDEMIOLOGY, 1990, V43, N9, P1012-1013
Language: ENGLISH Document Type: LETTER

Record - 84

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00492882 Genuine Article#: DW646 Number of References: 30
Title: MATERNAL GLUCOCORTICOID THERAPY AND REDUCED RISK OF BRONCHOPULMONARY DYSPLASIA
Author(s): VANMARTER LJ; LEVITON A; KUBAN KCK; PAGANO M; ALLRED EN
Corporate Source: BRIGHAM & WOMENS HOSP,JOINT PROGRAM NEONATOL,75FRANCIS ST/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,DIV NEWBORN MED/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115
Journal: PEDIATRICS, 1990, V86, N3, P331-336
Language: ENGLISH Document Type: ARTICLE

Record - 85

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00449191 Genuine Article#: DR340 Number of References: 21
Title: EARLY AND LATE GERMINAL MATRIX HEMORRHAGE MAY HAVE DIFFERENT ANTECEDENTS

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Author(s): PAGANO M; LEVITON A; KUBAN K
Corporate Source: CHILDRENS HOSP MED CTR,300 LONGWOOD AVE/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: EUROPEAN JOURNAL OF OBSTETRICS GYNECOLOGY AND REPRODUCTIVE BIOLOGY , 1990, V37, N1, P47-54
Language: ENGLISH Document Type: ARTICLE

Record - 86

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00332372 Genuine Article#: DG987 Number of References: 47
Title: HYDRATION DURING THE 1ST DAYS OF LIFE AND THE RISK OF BRONCHOPULMONARY DYSPLASIA IN LOW-BIRTH-WEIGHT INFANTS
Author(s): VANMARTER LJ; LEVITON A; ALLRED EN; PAGANO M; KUBAN KCK
Corporate Source: JOINT PROGRAM NEONATOL,75 FRANCIS ST/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,DIV NEWBORN MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115; HARVARD UNIV,SCH PUBL HLTH,DEPT BIOSTAT/BOSTON//MA/02115
Journal: JOURNAL OF PEDIATRICS, 1990, V116, N6, P942-949
Language: ENGLISH Document Type: ARTICLE

Record - 87

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00322461 Genuine Article#: DG798 Number of References: 73
Title: METHYLXANTHINE CONSUMPTION AND THE RISK OF OVARIAN MALIGNANCY
Author(s): LEVITON A
Corporate Source: GARDNER 612,300 LONGWOOD AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; CHILDRENS HOSP MED CTR/BOSTON//MA/02115
Journal: CANCER LETTERS, 1990, V51, N2, P91-101
Language: ENGLISH Document Type: REVIEW

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DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00306694 Genuine Article#: DF237 Number of References: 29
Title: PERIVENTRICULAR-INTRAVENTRICULAR HEMORRHAGE SONOGRAPHIC LOCALIZATION, PHENOBARBITAL, AND MOTOR ABNORMALITIES IN LOW-BIRTH-WEIGHT INFANTS
Author(s): KRISHNAMOORTHY KS; KUBAN KCK; LEVITON A; BROWN ER; SULLIVAN KF; ALLRED EN
Corporate Source: MASSACHUSETTS GEN HOSP,DEPT NEUROL,PEDIAT NEUROL UNIT,FRUIT ST/BOSTON//MA/02114; MASSACHUSETTS GEN HOSP,DEPT PEDIAT/BOSTON//MA/02114; CHILDRENS HOSP MED CTR/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: PEDIATRICS, 1990, V85, N6, P1027-1033
Language: ENGLISH Document Type: ARTICLE

Record - 89

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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00266831 Genuine Article#: DC246 Number of References: 12
Title: MATERNAL THEOPHYLLINE CONSUMPTION AND THE RISK OF STILLBIRTH

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Source: https://www.industrydocuments.ucsf.edu/docs/qnfk0001

Author(s): NEFF RK; LEVITON A
Corporate Source: CASE WESTERN RESERVE UNIV/CLEVELAND//OH/44106; HARVARD UNIV,SCH MED/BOSTON//MA/02115; HARVARD UNIV,CHILDRENS HOSP/BOSTON//MA/02115
Journal: CHEST, 1990, V97, N5, P1266-1267
Language: ENGLISH Document Type: NOTE

Record - 90

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2001 Inst for Sci Info. All rts. reserv.

00029938 Genuine Article#: CH031 Number of References: 29
Title: THE LONG-TERM EFFECTS OF EXPOSURE TO LOW-DOSES OF LEAD IN CHILDHOOD - AN 11-YEAR FOLLOW-UP REPORT
Author(s): NEEDLEMAN HL; SCHELL A; BELLINGER D; LEVITON A; ALLRED EN
Corporate Source: UNIV PITTSBURGH,WESTERN PSYCHIAT INST & CLIN,SCH MED,3811 OHARA ST/PITTSBURGH//PA/15213; BOSTON UNIV/BOSTON//MA/02215; CHILDRENS HOSP MED CTR,NEUROEPIDEMIOL UNIT/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115; HARVARD UNIV,SCH MED/BOSTON//MA/02115
Journal: NEW ENGLAND JOURNAL OF MEDICINE, 1990, V322, N2, P83-88
Language: ENGLISH Document Type: ARTICLE

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